Lectures
ON THE
SURGICAL TREATMENT OF PULMONARY CAVITIES.

Delivered at the Consumption Hospital, Brompton,

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LECTURE I.

GENTLEMEN,—It may be hoped that the subject of the surgical treatment of pulmonary cavities is still in its infancy, and it may fairly be anticipated that whilst that of certain classes of cases will advance in efficiency, the treatment of others will again be handed over altogether to the physicians, although it is not yet obvious in what direction their efforts, if pursued, are likely to be more successful than heretofore. In some forms of pulmonary abscess surgical interference is obviously inadmissible; nothing, for instance, can be hoped from it in treating a lung which is riddled by numerous tubercular cavities or the multiplied gangrenous foci which occur in the course of embolic pyæmia. Those in which surgery has been, or may be, attempted, may be thus classified:—1. Tubercular cavities. 2. Cavities resulting from gangrene of the lung. 3. Cavities resulting from the bursting into the lung of abscesses or other collections of irritating matter from without. 4. Bronchiectases, from whatever cause arising, and including those which depend upon the presence of a foreign body in the air passages. Before giving an account of such cases as have come under my own observation, I propose to give a short *résumé*, not a complete history, of what has been done by others in this branch of surgery.

As long ago as 1726 Dr. (afterwards Sir) Edward Barry[1] of Dublin hints at the advisability of opening phthisical cavities in the following quaint way: "But when from the violence of the distemper, or the neglect of a proper method, the symptoms are so far increased as to carry a fatal aspect and elude the force of the most effectual medicines, instead of amusing the unhappy patient with false hope and the repeated use of palliative remedies, or denouncing certain death, it would be of the greatest use if a method could be proposed which, tho' dubious and painful in the operation, may give the afflicted some chance for their life: *Præstet anceps quam nullum experiri remedium.* Such a probable relief can only be expected by opening the breast where the most frequent pain and oppression direct the situation of the ulcer," &c. He then proceeds to say that the operation may be performed without danger because adhesions are sure to exist, and fortifies his argument by the account of a case which may or may not bear upon the subject. It was that of a man who received a sword-wound in the chest, which was allowed to heal rapidly externally. The cough, hectic fever, and purulent expectoration which followed were relieved by a timely opening up of the original wound. But this may of course have been merely a case of empyema. He concludes: "'Tis surprising that this method has not been frequently attempted, since it is founded on such plain and easie reasoning from anatomical observations, tho' I'm sensible that there are several obstacles that will always oppose it, &c. ..... But 'tis most certain that many phthisical persons may by this means be preserved that will otherwise unavoidably perish. If the operation be rightly performed there is great reason to expect success; neither if it fails can it be attended with any great danger or much contribute to hasten their fate." Whether Barry ever actually operated upon a genuine pulmonary abscess must, I think, remain doubtful; numerous cases are reported both here and in another work of his,[2] but I am sure that at all events a large number of these must have been cases of empyema. I cannot leave Edward Barry without quoting a few words about a popular belief at that time in the parasitic nature of phthisis, which at the present day of the bacillary rule sounds strangely prophetic. He says: "It has been observed that ulcers in the lungs and in other parts, when narrowly viewed with microscopes, are covered with several insects; from whence it has been concluded that they owed their origin to them, and by being inspired with the air, fixed their situation on the lungs, eroded and ulcerated them. From the same irregular way of reasoning, these animalcules have been by others supposed the cause of several distempers, and particularly such as are contagious." The whole quotation is quaint and interesting; but Barry's own opinion on the subject is difficult to gather, and, indeed, it is pretty clear that this was as indefinite as his knowledge was vague. He concludes his work on the three digestions with the following words: "This infinite number of animalcules which swarm in the air and on the surface of the earth seem to me to be of much greater use and importance than is generally imagined, as all stagnating animal and vegetable humours are quickly taken up by them, and receive a new life and regular circulation; and perhaps we owe our safety in some measure to this scarcely visible part of the creation, without which the atmosphere would in a short time become highly corrupted, and unfit to continue the life of other animals."

Before Barry's time it is said that Baglivi, in 1714, recommended the incision of pulmonary cavities, but I have not been able to find any reference to the subject in glancing through his long and discursive work.[3] And still older men than these had made incision into the chest in desperate cases, and with good result. Paschal, Paré, and Harvey have cases in point; and upon looking back into the dawn of medical history we must not forget the classical case recorded by Pliny,[4] when a soldier, given up by his doctors and sick of his heavy burden, sought death in the front of battle. Great must have been his wonder when the enemy's spear relieved his sufferings in a quite unexpected manner by opening his empyema. "Atque feliciter hoc vulnere sanatus est."

About the same time as Barry, two or three surgeons seem to have written on the subject. In Göttingen, in 1793, Gumprecht[5] devoted his doctorial thesis to a dissertation on abscess of the lung, in which he advocates the incision of pulmonary cavities; but the diagnosis at that time between pulmonary cavities and empyemata was so uncertain that we do not gain anything beyond the historical interest in perusing his work. At the end of it, however, is an interesting series of cases of wound of the lung, which well repays study. In Scotland, Benjamin Bell[6] in 1778 refers to the free incision of abscesses in the lungs and the drainage of them by means of lead tubes, making special reference to the importance of some arrangement for preventing the tube from slipping into the chest; but he seems to be referring altogether to abscesses which have resulted from the infliction of wounds, and not to those occurring spontaneously.

After this but little attention seems to have been directed to the matter until the middle of the present century; we then find that Dr. John Hastings,[7] fired by Barry's example, procured the help of his friend, Mr. Storks, to open two apparently genuine cases of tubercular apex cavities, one of which improved under the treatment, but the other, a woman of twenty-five years, in whom phthisis was far advanced at the time of the operation, died fourteen days afterwards. The account is to be found as an appendix to his work on the Treatment of Phthisis by Naphtha, and it includes a letter from Sir Henry Marsh detailing two cases supposed to be of tubercular cavities treated by him by incision about 1830; but as in both cases the matter was pointing, a certain amount of doubt must hang over the diagnosis. One recovered and the other died. Hastings says that a Welsh doctor named Thomas performed a similar operation about the same time. He recommends the use of a full-sized gum catheter with a perforated ivory cap, to which straps could be attached, and over which a piece of warm sponge was to be placed.

A few years later there appeared an interesting paper by Dr. Horace Green,[8] written in a somewhat combative spirit,

[1] A Treatise on a Consumption of the Lungs, Dublin, 1726, p. 217.
[2] A Treatise on the Three Different Digestions and Discharges of the Human Body, 2nd ed., 1763.
[3] Georgii Baglivi, op. om. Lugd., 1714.
[4] Lib. vii., cap. 50.
[5] De Pulmonum Abcessu ope Chirurgica Aperiendo. Göttingen, 1793.
[6] A System of Surgery, third edition, 1799, vol. v., chap. 36, sect. 11.
[7] Pulmonary Consumption successfully treated by Naphtha. London, 1845.
[8] On Injection of the Bronchial Tubes and Tubercular Cavities of the Lungs. American Medical Monthly. 1855.

because the possibility of passing tubes through the glottis from the mouth had been denied by Erichsen and others. His treatment for both bronchiectatic and tubercular cavities consisted in passing a soft tube not only into the trachea, but, so he asserts, into one bronchus or the other as the case demanded, and injecting a drachm or more of an aqueous solution of nitrate of silver (thirty or forty grains to the ounce) into the dilated bronchi or the pulmonary cavity. The patients whose cases he recites appear generally to have been distinctly benefited, and, as is very remarkable, seem not to have suffered from a fit of coughing or other unpleasant symptom at the time the injection was made. Notwithstanding its apparent success, however, the treatment does not seem to have met with much favour, nor are his extremely categorical statements, it must be owned, quite convincing that the dose was not sometimes received into the stomach.

Quite another method of introducing fluids into phthisical cavities is suggested by Dr. F. Mosler of Greifswald.[9] He passed a fine trocar and cannula through the chest wall into the cavity, and then injected through the cannula a weak solution of permanganate of potash. Then in a later case he called in the help of Hüter, who made an incision into a large apical cavity. The incision was made at the upper border of the third rib, 5½ cm. from the sternum, and passed through firm pleural adhesions. The operation offered no difficulty, and caused no trouble from hæmorrhage. He subsequently injected weak perchloride of iron when some little bleeding had occurred, and at other times solutions of carbolic acid and permanganate of potash and tincture of iodine. The patient lived from July 2nd to Oct. 5th, and for a time seems to have markedly improved; the cough was much relieved, and the great albuminuria from which he suffered diminished. The albuminuria returned, however, and emaciation became great, and it is perhaps questionable how far life was prolonged, though comfort was, no doubt, given by means of the operation.

An almost precisely similar method of treating pulmonary cavities has been advocated in America by Pepper of Pennsylvania and Beverley Robinson of New York,[10] and in our own country this or some modification of it has been put in practice by Dr. Shingleton Smith and others.

Dr. Shingleton Smith[11] records five cases, two of which were of tubercular phthisis, one was of gangrene of the lung, one of chronic pneumonia, and one of chronic tubercular pleurisy. The phthisical patients seem to have improved somewhat under treatment, though one developed some pleurisy, which was possibly the result of the injection; the tubercular pleurisy case remained *in statu quo;* the other two cases died—not, however, apparently as a result of the injection. The method of proceeding is to introduce with a hypodermic syringe five minims of ether in which one grain of iodoform has been dissolved; the iodoform was at first dissolved in oil, but a fear of fat embolism led to the adoption of ether as a solvent. The injections were sometimes continued daily, sometimes less often. I do not think that these cases show much, except, as is stated by the authors, that the process does not appear to be a dangerous one. I can conceive that the introduction of iodoform might be useful in cases of bronchiectatic or gangrenous abscesses, though I think that a free incision into the latter, at all events, would be better treatment. As to the phthisical cavities, it seems most improbable that, even if iodoform be fatal to the tubercle bacillus, it could be made to diffuse itself sufficiently to reach further than the immediate vicinity of the cavity or the spot of solid lung into which the injection is introduced; if, therefore, it be of any service at all, it can, I conceive, only be in the direction of stopping the fetor of the expectoration from a vomica. This, then, does not appear a very promising line of treatment to pursue. If ever we do discover a drug which is a specific for destroying the active principle of tubercle, it is more likely that it will be efficient if administered internally than if any attempt be made to attack locally a mischief which is usually, at the period when such an attack would be thought advisable, very widely diffused throughout the organ.

An interesting summary of what has been done in the direction of pulmonary surgery will be found in a paper by Dr. de Cérenville of Lausanne.[12] He has himself treated surgically four cases of phthisical apex cavities with a different object from that pursued by others—viz., following Estlander's treatment for chronic empyema, to allow the chest walls to collapse on the cavity by removing portions of the ribs. These are his cases:—

1. F——, aged forty years, advanced phthisis with large cavity at left apex. Resection of the third rib to allow the chest wall to fall in. The patient lived little more than a fortnight. Some retraction is said to have occurred.

2. F——, aged fifteen. Advanced phthisis, with consolidation and excavation of the upper lobe of the left lung. Parts of the second and the third ribs were excised, and threads were passed through the pleura into the lung in order to ensure adhesions if these were not present. Four days later, an attempt to reach a large cavity resulted only in the discovery of a small one. The operation appears to have had but little influence on the progress of the disease. The patient died three weeks after the first operation.

3. F——, aged twenty-five. Advanced phthisis; cavities in the left upper lobe. Parts of the second and third ribs were removed, and a large cavity was opened. The cough and expectoration were very much relieved, and the cavity decidedly contracted; the patient living five weeks after the operation.

He has also operated on another case of which he does not give the notes. The results of these are interesting, but not very encouraging. The cases were obviously hopeless, however, and some temporary relief seems to have been gained in the third. At the Congress at Wiesbaden, 1883, the consensus of opinion (Mosler, Fenger, Hollister, &c.) seems to have been strongly against the opening of tubercular cavities, at least until a specific tubercular bacillicide can be found. De Cérenville agrees with this conclusion in the main, making, however, a possible exception in favour of cases where the cavity is single, the cough troublesome, and the mischief apparently localised. He allows, however, as is notorious, that the amount of mischief is likely to be greater than the physical signs indicate. As far as I can form an opinion without practical experience I am inclined to agree with de Cérenville, though I cannot help thinking that in a certain number of cases of single apex cavities with troublesome cough, not only might the symptoms be relieved, but the danger of transplanting the mischief into the other lung might be to some extent lessened.

A far more heroic method of dealing with tubercular lung has been in recent years suggested by certain Italian surgeons who have made this subject a specialty, though it has been followed up by some observers in Germany. Dr. Domenico Biondi showed first the possibility of an animal surviving the complete extirpation of a healthy lung,[13] and then proceeded to demonstrate that the same might be done in an animal the lung of which had previously been inoculated with some of the sputum of a tubercular patient, and had actually become the seat of tubercular changes.[14] A very considerable proportion of the animals (rabbits, cats, and dogs, twenty-one in all) died as the result of the first or the second operation, but some survived and lived for a very considerable time afterwards. The dogs and cats were not favourable subjects for the development of tuberculosis, but it is remarkable and interesting that in some of the rabbits tubercle was actually developed in the lung, which was removed, and after the removal the animal remained free from further development of the disease. The conclusion that the author wishes to draw is obvious, but he hardly ventures to hint at the application of the treatment to the human subject, and it can scarcely be suspected that it will ever be placed amongst the recognised surgical procedures. It could only be applied in the early stages of phthisis, when the disease may be considered within the possibility of a practically permanent cure by other and simpler means. And indeed the same may be said of another possible deduction—namely, the removal of tumours of the lung. Diagnosis must clearly reach a much greater pitch of refinement before the physician could counsel or the surgeon attempt the removal of a primary tumour of the lung, rare as it is, and difficult as it must always be to discover in its

[9] Separatabdruck aus der Berliner Klinischen Wochenschrift, 1873, No. 43.

[10] New York Medical Record, Jan. 10th, 1885.

[11] Bristol Medico-Chirurgical Journal, Sept. 1885.

[12] De l'Intervention Opératoire dans les Maladies du Poumon. Revue de la Suisse Romande, 1885, p. 441.

[13] Estirpazione del Pulmone. Contribuzione sperimentale per il Dr. D. Biondi. Gior. Internaz. d. Sc. Med. N. S. iv.

[14] Loc. cit., N. S. vi., 1884, pp. 736-741; or Med. Jahrb. Wien., 1884, pp. 207-216.

earlier stages, when alone it could conceivably be extirpated.[15] It must, however, be stated that in two cases of phthisis parts of the lung have been actually removed by Ruggi, one of the patients dying in a few hours, and the other on the ninth day. And not only so, but tumours of the lung also have been removed, though it must be owned that the experience of the surgeons who undertook the operation is not very encouraging. Weinleicher, in 1882, removed a round tumour as large as a man's head from the thoracic wall of a man aged thirty-seven, leaving a huge gaping opening into the chest and taking away a part of the lung to which it was adherent; the patient died twenty-four hours afterwards. And Kroenleim also removed a recurrent sarcoma in the same situation from a girl, aged eighteen, taking away part of the sixth rib and some adherent lung. The end of this case is not reported in the interesting article of Albert's from which I take the reference.[16]

Lastly, to complete this branch of the subject, must be mentioned a method of treating tubular lung, whether containing cavities or not, introduced by Guérin in 1830, and more recently modified and extensively practised by Vidal—viz., the puncture by means of the actual cautery. Vidal reports forty-four cases, thirty-seven of whom improved under treatment; and I believe that this method has also been employed in Australia.

Gangrenous cavities.—It must be remembered that gangrene of the lung may follow wounds of the chest, and in the old days of duelling empyemata and pulmonary abscesses from such a cause seem to have been common. Now, however, this is not the case in civil practice. Gangrene of the lung is said also to be caused by the presence of a foreign body in the air passages; but as from the present point of view the dilatation of the bronchi, which I believe invariably follows, is the more important lesion, I shall discuss this question under the head of Bronchiectasis; and will pass on to gangrenous cavities resulting from some form of pneumonia. These cavities are perhaps the most promising with which the surgeon is called upon to deal, especially if operation be not too long delayed. In the course of time, if the patient survive, the surrounding lung becomes condensed and inelastic; but in the earlier stages of the disease it retains more or less its normal characters, and the walls of the cavity are able to fall together like those of an abscess in the soft parts elsewhere. But delay is often almost unavoidable on account of the great difficulty of localising the position of the cavity with precision, and the still greater difficulty of ascertaining the absence or the presence of adhesions. I do not think that the second point should be allowed to influence the surgeon in the direction of delay, and certainly should not interfere with an exploratory puncture, because, in the first place, experience shows that even adhesions which have been accurately diagnosed by the most competent observers may, after all, be found to have no existence, and, in the second place, it seems clear that exploration with an aspirator needle may be safely made through a patent pleura, even if the instrument pass into a collection of putrid pus. I do not say that mischief will never follow this procedure, and I am sure that it is wise to ascertain for certain the condition of the pleura before making a free incision into a lung containing septic pus, for if the non-adherent pleura be opened, and through it a drainage-tube be passed into a putrid cavity, very serious symptoms may result. This was well illustrated in a case of bronchiectasis (which will be referred to again), where we had ascertained a week or two previously that there was some clear fluid in what was thought to be merely a remnant of the pleural cavity. On cutting through the intercostal space, it was found that the two layers of the pleura had become adherent since the preliminary puncture, but only by very weak adhesions, which easily broke down under the pressure of the finger and the expiratory efforts of the patient whilst the opening was being made into the bronchiectatic cavity. This led to the opening up of a large remnant of the pleural sac, the walls of which were non-adherent, and the consequence was that the pus from the bronchiectasis escaping into the pleura set up a septic pleurisy, from which the patient nearly died.

[15] These experiments have also been carried out in Germany, by Th. Gluck, in 1881 (twenty cases, some successful removals of the entire lung), Dr. Hans Schmidt (three out of eight survived), and Dr. Block, in 1882 (fifty to sixty cases done without removal of rib).

[16] Ueber Lungen Chirurgie. Wien. Med. Presse, 1884, p. 887.

It will be well, therefore, to consider at the outset what should be done when these adhesions, so commonly but yet not invariably found, are wanting. One plan would be that mentioned above as recommended by De Cérenville as a precautionary measure—namely, to pass needles armed with silk through the pleura into the lung; but as in almost all cases the lung is solidified, and will therefore not fall away to any extent from the thoracic wall, even if no adhesions at all be present, I do not think that this, though quite unobjectionable, can be considered to be a necessary precaution. The right method of procedure, though I confess it is not a very easy one, is carefully to stitch the lung up to the opening which has been made in the chest walls. It is a difficult proceeding, because the parts are in a constant state of movement from the act of respiration, and because the lung itself is but ill suited to retain the stitches that are placed in it, and also because the hole in which the manœuvres have to be carried on is a rather deep one, and mostly obscured by the presence of blood. I have only once had to put this plan into practice, and though here it was only partially successful, it was sufficiently so to show that, with a little more care, the closure of the pleura might have been effected. We found, in this case, at the end of a few days, that a part of the stitching had given way, but as no cavity was reached, no evil consequences as regards the pleura resulted, the wound remaining aseptic. Of course, after the stitches have been placed, the attempt to open the cavity must be postponed for at least a week, and at the end of that time the instruments used must be sharp, and their employment gentle, lest the accident which it is intended to avoid may, after all, happen.

(To be concluded).

An Address

DELIVERED AT THE

OBSTETRICAL SOCIETY OF LONDON,

On February 2nd, 1887,

BY J. B. POTTER, M.D., F.R.C.P.,

PRESIDENT OF THE SOCIETY.

GENTLEMEN,—I have again to congratulate the Societ on its prosperous and healthy condition. Our numbers at the close of the year were 736. We have lost by death, resignation, and erasure 40 Fellows, but during the year we elected the large number of 72. Including the 25 new members that have been already elected this year, the Society at the present time stands with a total of 761, the highest number that has been reached since its foundation. Our financial position is good. As you have heard from the report of our excellent treasurer, another £100 has been added to our invested funds, making the amount of our capital £1500, and we commence the year with a good balance at our bankers. Our library has been increased by the addition of 156 volumes, bringing up the total to 3690. These are all proofs of our popularity and prosperity; but the success of the Society depends more upon the work done, and we can show continued good results in this. Our midwifery board reports good and still increasing work. The number of women examined reached the large number of 102, of whom 80 were found qualified to receive the Society's diploma; 395 women are now on our register. This gratuitous and honourable work, as was stated last year, causes considerable strain on the Society and its unpaid examiners, and, as the numbers are continually increasing, some scheme will have to be devised to meet the difficulty. It is curious to notice how the value of the Society's diploma has increased when we observe that, whereas in the first eight years only 47 names appear, during last year 102 women presented themselves for examination. The unsettled state of politics still prevents this burning question from coming to the front, as sooner or later it must do; but the Society, if it had no other work to show, may well be proud of having taken in hand this duty, so long neglected by the State. The attendance at our meetings has been good, and the work of the session well

maintained. The publication of the Transactions in portions has been undertaken for the first time, and, although the circulation has not been large, it has been a boon to those who have availed themselves of it, and an advantage to the Society in bringing its work more rapidly before the notice of the profession.

[Dr. Potter then entered into an enumeration of the more remarkable of the specimens shown and of the chief papers read at the meetings of the Society during the past session.]

I have attempted no more than a slight summary of the work of the Society during the year, and the quality of the papers is an evidence that its scientific standard has been well maintained, and that it has fulfilled its function as established for the promotion of knowledge in all that relates to obstetrics and the diseases of women and children. It may be contended by some that we have not the records to show of great improvements in the practice of our art during the past year—no striking novelties in treatment; but it is the function of the Society to maintain a judicial attitude, and, while assisting progress when the progress is real, to check or arrest this when it tends to danger. In other words, it welcomes improvement, but avoids destruction. One of the highest points that we should aim at is the prevention of disease, and this, though well worked out in the practice of obstetrics, has not received the same attention in the diseases of women. Much has been done at different times to solve the important question, Should any death occur in or after natural labour? And the answer to this question has been each year more favourable, as evidenced by the improved record of our lying-in hospitals. Even in difficult labour mortality has been much reduced, and though the wish expressed by Dr. Tyler Smith in his paper in the first volume of our Transactions for the abolition of craniotomy from obstetric practice in all cases where the fœtus is living and viable has not yet been fully realised, the more frequent induction of premature labour and more timely use of the forceps have conduced much in this direction. In our present state of knowledge we are not yet prepared to accept abdominal section as its alternative in all cases, still holding to the English axiom—the safety of the mother before that of the child. Again, by the use of chloroform and the more frequent application of the forceps we have means of preventing laceration and sloughing of the soft parts, thus rendering far less common the miserable after-effects of a lingering labour. But the prevention of diseases of women has not received the same attention: the effects of cold, damp, climate, occupation, imprudence and want of care at the menstrual periods, the effect of excessive child-bearing, abortions, the prevention of impregnation, and many other causes of disease, deserve and require our careful consideration; and he who can prevent the occurrence of the diseases of women will be a greater benefactor to his race than the operator, however skilful he may be, who treats them.

The whole question of uterine pathology is far too large a one to enter into here, even had we the requisite time at our disposal. To attempt to enter into the various theories that have from time to time given rise to different modes of treatment would be a perplexing and unprofitable task; each seems to reign for a short time only to be cast aside and replaced by some other, and now the tendency seems to grow more and more surgical, until at last to some minds abdominal section and the removal of internal organs seem the panacea for all the evils that woman is heir to. To the indiscriminate use of these procedures we cannot give our adhesion, and especially do we object to the heroic surgical treatment of hysteria—that chameleon disease which still claims so much sympathy and treatment at our hands. Even statistics on these matters, however carefully tabulated, have to be received with caution; the distinction between cases that have recovered or become well and those that can be truly said to have only just escaped death or have lived too frequently with their suffering unrelieved has not always been clearly shown. In estimating these matters much must depend on character. A reputation for truth and logical precision is of more permanent value here than the statement of brilliant results that will not bear the test of investigation. If I have spoken strongly on this matter, it is owing to the fear that some may be apt to forget the sacredness of human life in their zeal for operating, and this must be my excuse.

One task yet remains to me, and that a sad one. We have always to deplore the loss of some of our members by death. This year fortunately the number has not been so great as on many occasions. Eight have passed away: two of our honorary Fellows—viz., Dr. Simon Thomas of Leyden, and Dr. Courty of Montpellier; and six of our ordinary Fellows. Of the former, Dr. A. E. Simon Thomas of Leyden, whose death was announced so recently as December last, we have not yet been able to find any obituary notice. He was elected an honorary Fellow of the Society in 1866. Many of his works are in our library, one of the most important being his great work on the Oblique Pelvis. For the following notice of M. Courty I am indebted to the memoir published in the *Annales de Gynécologie*, of which journal he was one of the original founders:—

Professor Amédée Courty was born at Montpellier on Nov. 2nd, 1819, his father and grandfather having also followed the profession of medicine. After receiving the usual classical education he threw himself with zeal into the study of medicine, and at the same time devoted himself to the pursuit of science. After taking a licence in Science he became Doctor of Medicine in 1845, the subject of his graduation thesis being "Sur le Développement de l'Œuf dans l'Espèce Humaine." He now gave himself up to the study of physiology, and published several memoirs on this subject, also teaching the subjects of anatomy and surgery until his appointment as a professor in the Faculty of Medicine in Montpellier in 1849, when he wrote a thesis on the use of Anæsthetics in Surgery. In 1854 he wrote a memoir on Cauterisation of the Cervix Uteri with the Actual Cautery during pregnancy. From this time he devoted himself to the special study of the diseases of the genital apparatus in women, and, dissatisfied with the knowledge that he found in the text-books of his time, began to collect materials for the great work on which rests his title to fame, named "Traité Pratique des Maladies de l'Utérus et de ses Annexes," the first edition appearing in 1866, followed by a second and third in 1873 and 1879. This work was translated into English in 1882, with a preface by Dr. Matthews Duncan. Though no doubt largely indebted to the works of German and English authors, still throughout we find the impress of his own mind and the result of his long and patient researches. The great secret of Courty's success in his department of practice was that he became a specialist only after long study and a familiarity with medical and surgical work of many years. On this foundation he grafted his special studies, this being the way in which he understood the term specialty, not following, as is too often the case in the present day, the plan of calling himself a specialist and therefore considering himself one—such a specialist as might be defined as one knowing a very little of one subject and nothing at all of the science and art of medicine. He obtained a large practice in Montpellier, and was largely consulted throughout the south of France. His professorial duties obliged him during his later years to pay frequent visits to Paris, and advantage was taken of his presence by many to avail themselves of his matured knowledge and skill. He took great interest in the French Association for the Advancement of Science, and also in the International Medical Congress. He was a regular attendant and frequent speaker at these meetings. He died on March 2nd at Montpellier. His loss is felt by all the medical world, and especially that part of it devoted to the study of the diseases of women. He was elected an honorary Fellow of this Society in 1875.

Of our ordinary Fellows, John Archer, F.R.C.S., practised in Birmingham, his native town, upwards of fifty years, and was one of the early Fellows of this Society, having been elected in 1859. He was senior surgeon to the Lying-in Hospital, and was an able obstetrician. He was a good type of the general practitioner—honourable, hard-working, and successful. A past president of the Birmingham Medical Institution, he held a most respected professional position in the town. He died on March 8th, at the age of seventy-seven, of angina pectoris.

In speaking of the lamented death of Dr. Alfred Wiltshire, which occurred on the 4th of December, at a comparatively early age, I refer to a loss which is specially felt in our Society; a regular attendant at our meetings, and one who had taken an important part in its management.

[Dr. Potter gave a sketch of the career of the deceased physician, particulars of which were published in our issue of Jan. 1st of the present year.]

Dr. J. Macgrigor Croft, of Abbey-road, practised for many years in St. John's Wood, and died on Jan. 1st. He was elected a Fellow of the Society in 1859.

John M. Burton, F.R.C.S., of Lee, died on Feb. 10th. He

was a well-known and respected practitioner in that neighbourhood, where he had passed the whole of his long and industrious life. He became a Fellow of the Society in 1862.

Henry Albert Lovett, M.R.C.S., of Tasmania, died in July, 1885, but his death was only reported to us in 1886. He entered the Society in 1876.

John Gittins, L.R.C.P., of Horselydown, was elected in 1867, and died on July 27th, aged forty-five.

Whilst closing these brief and imperfect records of our departed friends, I cannot but feel how often it has been scanty and insufficient, but this has been due, not to a want of respect and appreciation on our part, but to the absence of knowledge and details at our disposal. It may perhaps be said of them as of many other silent workers—

> "The noblest service comes from nameless hands,
> And the best servant does his work unseen."

It remains to me before leaving this chair, to which I was elected by your kindness two years ago, while apologising to you for my many shortcomings, to thank you for your patient consideration and courtesy to me on all occasions; and especially must I thank our secretaries for the help and assistance they have accorded to me at all times. The work of our secretaries, often laborious and self-denying, is known to few; and I can only say that, as long as the Society is served by such officers as Drs. Herman and Champneys, we need have no fear either for its future prosperity or the promotion of obstetric science. Of my successor whom you have elected unanimously to-night, Dr. John Williams, I need say but little; his name is a household word in the Society. Beyond his other and many qualifications, I know of no one who has its interests more thoroughly at heart, and I can only congratulate the Society on the wisdom of its choice.

CASES OF PERITONITIS.

BY JAMES F. GOODHART, M.D., F.R.C.P.,
PHYSICIAN TO GUY'S HOSPITAL AND THE EVELINA HOSPITAL FOR CHILDREN.

(*Concluded from page 410.*)

Now another point. In some cases suppurative peritonitis is marked by all the severity of symptoms found in acute plastic peritonitis, and in such there will necessarily be the small, thready, wiry pulse, the collapse, and the depressed temperature seen in the more rapid form of the disease. But I am now concerned with the cases of more insidious onset, and in these another negative symptom, in addition to the absence of fever, is quite likely to deceive—viz., the absence or comparative absence of pain. Many years ago I remember examining a man, the other details of whose malady have now escaped me, but as regards whom this has remained firmly fixed in my memory, that he allowed the freest possible manipulation of his abdomen without evincing any pain, and yet within a few hours he was dead, and I found the peritoneum to be full of pus. That was an extreme case, but many times since then I have seen this: that the abdomen has been soft, not markedly distended, and the tenderness, although not absent, has been of the slightest; conditions, in fact, which would of themselves seem to negative rather than to suggest the existence of peritonitis.

Next, a word as regards diarrhœa. Constipation is the symptom of peritonitis, not diarrhœa. So constantly is this the case that, as I have just said, one of the great difficulties of practice is to say whether we are dealing with mechanical obstruction or the obstruction wrought by paralysed peristalsis. I am sure it is quite impossible in some instances to be certain of the nature of the case without having surgically a finger in the pie. Peritonitis is far the more common. But what about diarrhœa? That may well seem to negative peritonitis. It by no means negatives *suppurative* peritonitis. But more than this, I wish to insist that when it exists with any symptoms of peritonitis it is, in my experience, an omen of the gravest, I would almost say fatal, import.

Some have laid stress upon the position of the pain in peritonitis associated with cæcal inflammation. Some have said that it is very liable to be referred to the left groin, others to the umbilicus; I would venture to assert, on the other hand, that the peritoneum is very treacherous in this indication. I remember some years ago making a post-mortem for Sir William Gull and Mr. Bryant upon a lady who had died with an illness of much obscurity; and Sir William Gull said to me before commencing: "I want the liver examined very carefully. I am sure there is some disease in that neighbourhood; there was always so much pain in the right shoulder." This opinion was so far correct that there was a considerable collection of pus between the liver and the diaphragm; but the real disease, of which I believe there had not been a suspicion, was a sloughing cæcal appendix and suppurative peritonitis.

This case leads me to remark upon the very insidious nature of some of these cases. In the two cases I first narrated there were pains in the abdomen, which, had they been more carefully attended to, might possibly have enabled one to avert the disastrous result. But I remember two other cases, which occurred to me some time ago, which well illustrate this point. I was asked by Mr. Alexander to see a policeman, not far from the hospital, because he was having nearly daily repeated rigors of severity associated with a temperature of 103°, and during the attacks his condition seemed to be a very alarming one. He had had a severe attack of epigastric pain and jaundice five months before, but had been well in the meantime. When I saw him he was apparently pretty well, his temperature normal, and all that I could detect was a little tenderness of the abdomen near the gall-bladder. He remained thus without any severe symptoms till the Monday, when he was suddenly seized with intense epigastric pain, collapse, and feeling of impending death, and he died within two and a half hours of his attack. We made a post-mortem examination the next day, and found the cæcal appendix twisted and adherent to the cæcum, dilated into a sac of considerable size near its termination, with smooth abscess-like walls, an ulcer into the peritoneal cavity, and a small concretion escaping. There were extensive adhesions between the liver and the diaphragm, and a large abscess between them and in the right lobe of the liver. Another very similar case, I believe, for there was no post-mortem, I saw with Dr. Boothroyd of New Cross, only a month or two ago, in the person of a healthy-looking man, aged twenty-five. He had had a severe attack of abdominal pain and frequent vomiting four months before, had been very ill at the time, but got quite well. He had been ill nine days when I saw him with remittent attacks of fever, sweating, and rigors. He had a normal temperature, was sweating profusely, his tongue a beefy red, and a rather full abdomen, but nothing capable of localisation. Remembering my former experiences, I could not but fear that there was some deep-seated suppuration about the mid-rib, but in the absence of any indication of its exact seat, and having a dislike to bootless prodding, we decided to wait for further knowledge. I did not see the case again, but Dr. Boothroyd told me that the temperature continued to rise almost daily; the sweating continued, a little more fulness appeared in the epigastrium, and the lower lobe of the left lung became consolidated. Dr. Boothroyd still felt sure that there was an abscess high up in the abdomen between the liver and diaphragm, or in the liver itself, and I have not yet recovered from my disgust at the stupidity of the poor man's friends in refusing any further aid, and in subsequently refusing to let us make an inspection of the body.

One other word about these cases, which always seems to me worth while to insist upon—viz., the frequency with which pleurisy spreads from peritonitis, and peritonitis from pleurisy. I was once in frequent attendance upon a case of empyema with another medical man. It was in an only boy, and anything the matter with him, or rather, in his then condition, any variations in his progress, were the causes of repeated panics. I had left the house one morning, the child doing perfectly well, for the rest of the day, and returning at night found the whole place in a turmoil—another doctor called down from London, whispers of some serious fresh complications, and so on. The child had suddenly been seized with fresh pain in the upper part of the abdomen, and was consequently in great distress for the time; but I believe it was nothing more than the extension of inflammation through the diaphragm, calling for the exhibition of opium. At all events, that treatment was adopted; all the pain subsided, and no further evil happened.

I do not think the freedom of communication between the serous sacs of peritoneum and pleura is sufficiently well reco-

gnised. We are all familiar with the jaundice, which is a not uncommon feature of right-sided pneumonia, and we attribute it, perhaps, vaguely to the proximity of the diseased lung to the liver; but it is not so generally known that in a great many cases there is a well-marked inflammation of the peritoneum, in these cases limited to the surface of the liver—a condition, in fact, of direct extension. This extension occurred in three of the cases I have quoted, and I might give several others. Not long ago I saw a boy of fifteen with Mr. Withers Green of Serjeants'-inn, who had been ill five days, and who was then dying of acute peritonitis, but he had, in addition, acute pleurisy spreading up the left side. The point is clearly of much importance both as regards prognosis and treatment. Indeed, as regards diagnosis also it may not be unimportant, as one of the cases I have mentioned shows. Surely, with abdominal pain and vomiting, tenderness in the cæcal region, followed by diarrhœa, and then by an acute form of pleurisy, it is flying in the face of probabilities to suggest anything else than a primary peritonitis followed by the pleurisy. As regards prognosis, too, a daily examination with the stethoscope of the lateral regions of the thorax will help us, sometimes by the discovery of pleuritic inflammation, more correctly to forecast the issue of the case.

I have not much to say dogmatically on the subject of treatment. What I purpose is rather to say a word upon the difficulty that besets us in this matter in these cases in the present day. Take all the cases we have seen, and I suppose this to be the summary—they have all been regularly and properly treated by opium, and perhaps belladonna, local applications, and so on; they have all been properly subjected to a rigorous limitation of food, both as regards quantity and material; some, perhaps, have been fed for a time exclusively on enemata. Nevertheless, some—I will not go into proportions—a good many have got well; but others—others, which at least promised equally well, or better—have rapidly gone to the bad. That is where I stand at present, and I only make the statement personal because I am sure it is the experience of all. We have all seen patients whose condition looked exceedingly grave pull through by skilful medical treatment; we have all of us seen cases that looked well die. See how difficult this experience makes practice in the present day. How can we tell in any given case whether to trust to medical treatment alone, or to commit the fortunes of the patient to the chance of relief by exploring the abdominal cavity. The peritoneum is now dealt with by the surgeon under conditions of antiseptic surgery with the greatest freedom. We hear of ovarian tumours with general peritonitis being removed successfully—nay, more, of patients thus rescued from what seemed the jaws of the grave. We hear of the peritoneum being drained, washed out, sponged out, and so on, with the immediate subsidence of alarming symptoms; and this question must occur to all of us when these cases die without operation, "Could life have been saved by opening the abdomen?" Now I am not writing to advocate any general rule of treatment; my purpose is rather to bring myself as near as may be face to face with the difficulties of anyone called upon to decide this matter, believing that by so doing any one of us will be more master of the situation in the next case of the kind that comes before him, even if we decide nothing at the moment. I have already stated the main difficulty, medically speaking. The deaths make us think, "I wish we had done something"; the recoveries, "I am very glad we waited." Who can help being undecided. But there are other difficulties. I have alluded to the insidious nature and the obscurity of some of these cases. See what this implies: firstly, the inertia resulting from our fear of doing actual harm to the patient, of submitting him to an operation the necessity of which is not quite certain, and which if not necessary is harmful; Secondly, the inertia supplied by the fear that the operation may prove fruitless and the patient die soon after; thirdly, the inertia resulting from a certain regard for our own reputation, for in such a case it is very likely indeed to be said that the operation has killed the patient; and, lastly, the inertia which results from the very natural antipathy in everyone to the resort to painful treatment which is the very breath of the atmosphere of "home." Some may think such things trifles compared with the main—say they the only—question, What is the best thing for the patient?—a stoical maxim of medical ethics which completely demolishes indecision. I venture to think, however, that a paper argument of that kind is overweening, and that it is through such ins-and-outs as have been mentioned that one ultimately has to act. I shall not attempt to decide in any detail what cases should be operated upon, what cases not. I do not think it is possible to decide for more than one case at a time, but I firmly believe that thinking the matter out in this informal way will enable us, sometimes at any rate, to recommend an operation and to save a life. There is no doubt this may be done much less fearlessly than in times gone by; and in any case where the symptoms are severe, and there is any tendency towards localisation of the mischief, this is *par excellence* the one most suitable for operation. Obviously so. But I am further inclined to think that others also, where the inflammation is more generalised, may sometimes be rescued, could we in any given case appraise with sufficient skill the right value of the symptoms, hit off with balanced judgment the proper point—the nick of time—on the inclined plane of deterioration, and courageously make as little as possible, instead of as much as possible, of the inertia remaining.

PHOSPHATIC DIABETES.

BY CHARLES HENRY RALFE, M.D. CANTAB., F.R.C.P.L.,
ASSISTANT-PHYSICIAN, LONDON HOSPITAL.

(*Concluded from p. 413.*)

GROUP 3. *Increased excretion of phosphoric acid alternating or coexisting with saccharine diabetes.*—I am indebted to Mr. Meredith for a unique example, as far as my experience goes, of phosphatic, replacing saccharine, diabetes. The case was that of a young American gentleman, aged twenty-one, and a student of Harvard University. About two years previously to my seeing him he was training for a college boat-race, and one day, whilst practising, he was much exposed to the sun's rays, which fell on the upper part of his back and neck, which were not protected by his rowing jersey. So strong was the action of the sun that he felt very faint, and the next day the skin of his neck was blistered, and for some time afterwards his neck felt stiff. About six months after this it was noticed that he was looking pale and thin, and had lost weight, and he himself complained of weakness and of sciatic pains. Dr. Sabine, his medical attendant, then discovered sugar in his urine, and a sample being sent to the laboratory at Harvard, it was found to contain as much as 5 per cent. of sugar, whilst a decided increase of urea and phosphoric acid was also noted. A strictly regulated diet controlled the amount of sugar, but it always asserted itself again on the slightest breach of discipline or attempt to study, or after more than ordinary exercise. It was then determined that he should come to Europe, and see if anything fresh could be suggested. On his arrival Mr. Meredith kindly gave him my name; the reports of the American physicians were handed me, and the urine of the twenty-four hours was sent to me for analysis. It was extremely acid, normal in amount, but with a specific gravity of 1040; it contained 2½ per cent. of sugar, the patient being on partly restricted diet; there was also considerable excess of urea and phosphoric acid. The patient had lost altogether more than a stone in weight, was much depressed, suffered greatly from headache, pains in the pelvis and thighs, and was also troubled with boils. I ordered the patient to continue his diet, put him on liquor arsenicalis bromidi, and told him to take two Russian vapour baths a week. This treatment was continued three weeks, and the patient was better in every way. There was only a trace of sugar in the urine, the pains had diminished, and there was less headache. The treatment was continued for another month, during which period the patient, instead of residing in London, spent the time chiefly at the seaside. The urine now became free from sugar, except every now and then, when a trace appeared; but, to my astonishment, there was no great fall in the specific gravity, which, with a normal secretion of urine (from forty to fifty ounces daily), ranged from 1030 to 1033; and it was then I found that he was passing daily an enormous quantity of phosphate of lime. I now placed him upon mineral acids with nux vomica, and told him to take a tablespoonful of cod-liver oil once a day in lime-juice, and to spend the summer among the high Alps. A slight relaxa-

tion was permitted in his diet, a small quantity of wheat bread and some of the least injurious vegetables, such as tomatoes, French beans, cauliflowers, &c., being allowed. He was away the greater part of three months, and on his return looked much improved, had gained six pounds in weight, lost all his pains and headache, and was able to take long walks without fatigue. The urine still continued at from forty to fifty ounces, but the range of specific gravity was now 1024 to 1027, and the amount of phosphoric acid daily excreted, though far from being within normal limits, was still much reduced; no sugar had been seen for several weeks. He now returned to America, with instructions to follow a moderately restricted diet for at least two years, not to study more than three hours daily, to be careful not to engage in athletic pursuits, and only to take moderate exercise. A year after his return I received a letter to say that he had completely regained his health—that he was completing his course at the university, and that for the summer he intended to camp out west on one of the prairies. His urine, which, according to my advice, is examined once a week, is still normal in quantity, and the specific gravity is nearly so; the sugar only occasionally reappears in minute quantities.

In a second case the phosphaturia coexisted with a mild form of diabetes. This patient first came under notice in 1880; he had suffered some time before from saccharine urine, which, however, had not much affected his general health, when he began almost suddenly to experience constant aching pains in the loins and pelvic region; he also became dispirited and hypochondriacal, and began to lose flesh. The amount of sugar had always been controlled by diet, and at the onset of these symptoms he certainly was not passing more sugar than he had done before. Nor could any correspondence be observed between the amounts of sugar and the amount of phosphoric acid, for the mean of three observations made when no sugar was present in the urine gave a daily excretion of 6·7 grms., and 6·8 grms. (also the mean of three observations) when the sugar was considerable. After treatment the daily average excretion was reduced to 3·8 grms., but the sugar still remained persistent, always returning when the dietetic regulations were at all relaxed. The patient, who is still living, says that the tendency to excessive phosphatic excretion recurs from time to time, and that he can always tell when to send his urine for examination by the recurrence of the boring and aching pains in the loins and pelvis.

In a case for which I am indebted to Mr. Pearce Gould, sugar had been found repeatedly in the urine by the medical attendant, and the patient's diet regulated accordingly. Owing to some mistake, the patient's visit to me was delayed some weeks, during which he was under dietetic restriction. When I saw him, the urine contained no sugar, but had a specific gravity of 1030, was highly acid, and contained a very considerable excess of phosphoric acid. This patient, Mr. Gould tells me, is now quite well.

GROUP 4. *Increased elimination of phosphoric acid, without any special connexion, apparently running an independent course.*—I have notes of five such cases. In all, the elimination of phosphoric acid was considerable; the patients suffered from boring, aching, rheumatic pains in the loins and in the pelvis, together with hypochondriasis and some degree of emaciation. The urines varied; in some the secretion was normal, but in others increased. The urea was always in excess, and with the excessive excretion of phosphoric acid a deposit of calcium oxalate was nearly invariably noted. All complained more or less of constipation alternating with a yeasty-looking diarrhœa, and indigestion and flatulence were always more or less prominent. As these cases correspond in most particulars with those described some years ago by Beneke in his work on the "Pathology of Phosphate and Oxalate of Lime," I have not thought it necessary to quote them separately. None of them resemble those described by Professor Teissier, as simulating saccharine diabetes only without the sugar. As I have said, they seem very much like ordinary cases of so-called oxaluria.

Of the thirteen cases thus briefly recorded all with the exception of two occurred in young male adults. The symptoms common to all, though varying greatly in degree, were—*loss of flesh*, in some cases to the extent of considerable emaciation; *aching rheumatic pains*, chiefly affecting the lower part of the back and pelvic regions; *a dry harsh skin* and a tendency to *boils; appetite* generally ravenous, but in some cases a morbid refusal of food. Teissier says that in some cases under his observation *cataract* has developed, just as in saccharine diabetes; this I have never noticed. In the majority of cases there was polyuria, but this in no way approached, either in amount or character, the polyuria of diabetes insipidus. The increase of urinary water rarely ever exceeded four pints and a half; the highest observed, with the exception of the doubtful case of tumour of the brain, was six pints, as compared with the enormous diuresis of diabetes insipidus; whilst instead of the specific gravity falling to an extremely low limit, as in insipid diabetes, it was well maintained, showing that, unlike the insipid form, there was in these cases a very considerable drain of solid matter from the body. In some of the cases, however, the amount of urine passed was normal, but in these the specific gravity was greatly increased, all pointing to the same fact—viz., the *increased elimination of solid matters* by the urine. In all my cases the urea was in excess—in some to a considerable extent; in others it was not so marked. Teissier, however, has published cases in which no increase of urea was observed, and he contends that it is not at all necessary that there should be any when there is an increased elimination of phosphoric acid. On this point an observation of Sir William Roberts throws some light. Speaking of the cases originally described by Prout under the term "azoturia"—cases exhibiting a dense urine and a train of nervous symptoms,—he says that these turned out, on more exact investigation, to want the special feature indicated by Prout as the essential one—namely, an absolute increase in the daily discharge of urea. It does not appear that in these cases Sir William Roberts determined the amount of phosphates present in the urine; had he done so, he most probably would have found them in considerable excess. Indeed, it is difficult to account for the increased density of the urine otherwise; for if there was no excess of urea, and there was no sugar present, what else could increase the density of the urine but the inorganic constituents? Now an excess of chlorides does not increase the density of urine, because, unless water is withheld, they always increase the flow of aqueous excretion, so, if anything, the specific gravity falls. Whilst the sulphates when in excess in the urine are always accompanied by excess of urea, which Sir William Roberts tells us in these cases was not observed. There remains therefore only the phosphates as likely to cause the increased density of urine; and as Professor Teissier has shown, and as also the observations of Zuelzer, Edlessen, and others have shown, the excretion of phosphoric acid may be very greatly increased without any corresponding increase in the amount of urea. The great feature, therefore, of these cases is *the increased elimination of phosphoric acid, with or without a corresponding increase of the other constituents of the urine:* a feature which distinguishes it from *insipid diabetes*, with which it has been improperly confounded, and in which there is only an increase of water and no other morbid change; and from *azoturia*, in which urea is decidedly increased.

With regard to the pathology of the condition, many views have been brought forward, which are too numerous for discussion here. I will only therefore mention those that occur to me as being most probable. In the first place I would reduce the four groups to two—placing Groups 1 and 2 together, and likewise combining Groups 3 and 4. I do not believe that phthisis is ever necessarily attended or preceded by an exaggerated excretion of phosphoric acid. I have examined the urine of a good many tubercular and phthisical patients in all stages, and failed to establish anything of the sort. It is true that Marcet has found a great diminution of phosphoric acid in the ash of diseased lung as compared with healthy lung, but the removal of the phosphoric acid would be so gradual as scarcely to affect the urinary secretion. I believe, therefore, that the cases of increased excretion of phosphoric acid associated with lung disease are accidental. Naturally one would expect abnormal tissue metabolism in weak and delicate subjects, and certainly phthisical tendencies would be likely to be developed in persons suffering from a long-continued drain of such an important vital constituent as phosphorus.

Then, again, with regard to the cases in which nervous symptoms are prominent, are these due to disintegration of nervous tissue? is there increased oxidation going on? and are the phosphates an expression of the destruction of tissue? I think not, and I think the fact that the other urinary constituents are not always increased *pari passu* strongly against this view; whilst the fact established by recent German

observers, that increased elimination of phosphoric acid occurs chiefly in depressed conditions of the nervous system, and that there is evidence of lowered vitality generally, points, to my mind, rather to defective than to increased metabolism, that the tissues are unable to utilise the phosphorus brought to them for nutrition, and that consequently a greater amount has to pass through the system daily. I am therefore inclined to classify the first two groups as *cases of excessive elimination of phosphoric acid dependent upon defective nutrition.*

With regard to the last two groups, the one relating to the connexion between sugar and phosphoric acid in diabetes mellitus is the more interesting. Many explanations have also here been suggested. One, that phosphoric acid replaces the sugar in consequence of some occult change in the nervous system, may be dismissed as visionary and vague. The others that occur to me as being most likely are (*a*) that instead of the sugar passing into the urine, it becomes partially oxidised in the system into a series of acids—oxybutyric, crotonic, glycollic, lactic, &c.,—which, circulating through the tissues, dissolves out the phosphates, especially the earthy salts. This explanation receives support from recently ascertained facts respecting the nature of the "acid intoxication" that so frequently marks the course of diabetes. The other explanation is that in diabetes mellitus, as is now a well-recognised fact, there is a considerable elimination of phosphorus in an unoxidised form, as lecithin, or glycerine phosphoric acid. Now, should improved oxidation take place in the body, this unoxidised phosphorus would probably undergo oxidation and appear as phosphoric acid. This view is supported by the fact that in the two cases in which sugar had been observed, but had disappeared and been replaced by an excessive excretion of phosphoric acid, the tendency was towards recovery. At first, with defective oxidation there was sugar and probably unoxidised phosphorus; with improved oxidation the sugar disappeared, and the lecithin or glycerine phosphoric acid was oxidised into phosphoric acid; and a further improvement led to the disappearance of the excessive excretion of phosphoric acid and ultimate restoration of health. No doubt both conditions—namely, the imperfect oxidation of sugar into intermediate acids and the oxidation of unoxidised phosphorus into phosphoric acid—are at work in these cases. With regard to Group 4, which ran a distinct course without association with any special form of disease, as I have already said they seem to correspond, as far as I have been able to judge, with those cases of oxaluria attended with increased excretion of phosphoric acid described by Beneke, who considered them to be due to the excessive formation of lactic acid in the intestines and its absorption into the body and dissolution of the phosphates out of the tissues. These cases, then, probably depend on a similar condition, such as that which causes the appearance in excess of phosphates in saccharine diabetes. I think, therefore, we may classify these two groups as *cases of excessive elimination of phosphoric acid dependent on abnormal formation of acid within the body.*

With regard to the prognosis in these cases, those arising from defective nutrition are the most unsatisfactory. With rest—or, better still, the employment of massage—they regain weight, and the excessive elimination of phosphoric acid is somewhat diminished, never completely; then when allowed to get about they fall back again, till, owing to the general exhaustion, they become victims to some acute disease, or else drift on into phthisis, or, as Teissier says, sometimes into saccharine diabetes.

With respect to the second division, the prognosis is more favourable. Of the three cases of saccharine diabetes associated with considerable excretion of phosphoric acid, two got quite well; the first step being the replacement of the sugar by phosphoric acid in excess. The second case has remained a mild case of diabetes mellitus for over seven years.

Concerning the cases resembling oxaluria with increased phosphoric acid excretion, they usually get much better under appropriate treatment, but are troublesome from their frequent relapses.

Lastly, in respect to the term "phosphatic diabetes," as will have been gathered from the preceding remarks, excessive elimination of phosphoric acid is symptomatic rather than a disease *per se*. It would be wrong, therefore, to use such a distinctive appellation without strictly limiting the conditions of its use. And this would be to employ it as a distinguishing term from "phosphaturia." This latter admirably describes that condition in which phosphates are precipitated from alkaline urine, whether fixed or volatile; but as it would be awkward to speak of phosphaturia due to deposition, and of phosphaturia due to excessive elimination, I would propose to use the term "phosphatic diabetes" to distinguish the latter, and retain phosphaturia to designate the former, condition.

Queen Anne-street, W.

CASE OF

TREPHINING OVER THE LEFT BRACHIAL CENTRE FOR PARALYSIS OF THE RIGHT ARM DUE TO A BLOW A WEEK PREVIOUSLY; CURE OF PATIENT.

BY A. W. MAYO ROBSON, F.R.C.S.,

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THE following case, the notes of which have been furnished by my house-surgeon, Mr. Ashton Street, presents so many points of interest that I venture to think a somewhat detailed description may interest the readers of THE LANCET, especially at a time when cerebral localisation, as applied to brain surgery, is engaging the attention of the profession.

J. S——, aged thirty-eight, was admitted into the General Infirmary, Leeds, on August 9th, under the care of Mr. Mayo Robson. He gave the following account. Whilst walking along the street six days previously he was struck from behind over the head by a buckhorn-handled stick. He does not remember the blow, and was totally unconscious for ten hours. Just before recovering consciousness there was some vomiting. He noticed as soon as he regained his senses that he had lost the use of his right hand. He was dizzy and confused for some days, and had impairment of memory, as he remembered some events in the police-court, but not all. He was so far bright and intelligent, however, as to give evidence in court the day after the accident. He was apparently so little injured that a surgeon who saw him thought his arm was powerless from simple bruising due to the fall, and his head so little damaged as not to require dressing. He noticed that his right fingers and hand began to twitch twenty-four hours before admission.

On admission there was a lacerated wound about ½ in. long, too small even to admit the tip of the little finger, situated over the left side of the skull, 5¾ in. from the root of the nose, 5 in. from the left external angular process of the frontal bone, 4¾ in. from the root of the zygoma, 6½ in. from the external occipital protuberance, and 1¼ in. to the left of the middle line. On digital examination through the integuments very little could be made out, as there was some inflammatory swelling; but on probing the wound bare bone could be plainly felt, and at the posterior part the probe could be felt to drop suddenly for about ¼ in. The whole of the right forearm and hand were markedly paralysed, the extensors and supinators being entirely powerless, whilst with the flexors he could barely make his grasp felt. The muscles of the upper arm were only half as strong as those of the opposite side, but the shoulder muscles were equally powerful. Sensation was much impaired, considerable pressure being needed to make him feel; but when he did he recognised the kind of touch and noticed the temperature. There were constant rhythmic twitchings of the fingers, and occasionally of the hand and arm, those of the fingers being about 40 per minute. The hands were of the same temperature, but he had a peculiar numbness in the right. He was able to walk, the right leg seeming to be as powerful as the left; but the cremasteric and knee reflexes were both exaggerated on the right side. He was able to whistle, but not nearly so loud as before the accident, and could only screw his eyes up with difficulty. His pupils were of medium size and reacted quickly to light. There was well-marked œdema of the left optic disc; his sight, however, was good. Hearing was slightly deficient. He complained of pain at the seat of the wound and all over the frontal region, but more on the left side. He was perfectly conscious and answered questions with rapidity. His

breathing was easy and tranquil; his pulse 85, full and soft; his temperature in the axilla 98·4°. He could swallow well, and passed urine normally.

Mr. Mayo Robson at once decided to operate. The patient having been put under ether, the head was shaved and cleaned, first with turpentine and afterwards with perchloride of mercury solution. Under the spray, and with full antiseptic precautions, a crucial incision was made, the arms being 1¼ in. long. The flaps so formed were reflected, exposing the wound in the bone, which was found to be a trifle over ⅝ in. in diameter. The whole piece of bone was depressed, the posterior part being more so than the anterior. The margins of the surrounding bone were remarkably clean cut and circular, almost as if a piece had been punched out. The periosteum from the neighbouring bone was not stripped. A trephine ⅝ in. in diameter was applied, but as the centre pin could not be used rather more bone was taken from the posterior edge than in front. The outer table and diploë were then raised in one piece by the elevator, but the inner table was found to be splintered in all directions, one piece of the size of a finger-nail depressing the membranes very considerably, just over the ascending frontal convolution. These fragments were carefully picked out, but without using much force, as the dura mater was stripped from them. The dura mater, which bulged slightly into the wound after the bone had been raised, was markedly pulsating; it was not perforated, and the surface seemed perfectly healthy. The wound was syringed out with perchloride lotion (1 in 500), and the bleeding vessels in the flaps, which had been temporarily stopped by clips, were ligatured. The flaps were then stitched with catgut, and a small drainage-tube put in the centre, so that the bottom of it was just free of the dura mater. The wound was again syringed and dressed with a layer of wet carbolic gauze, iodoform, and salicylic silk. The patient took ether very well, but his pupils dilated and remained so during the operation. After the elevation, and whilst the patient was still under ether, it was noticed that the twitchings had ceased, but whether this was due to the anæsthetic or to the operation is not known, as, unfortunately, the condition of the hand was not noticed before the elevation. The whole operation only lasted twenty-five minutes. He soon recovered from the anæsthetic, and for the first hour had great pain in his head, but the twitchings in the hand had ceased; they returned, however, in the second hour with greater severity. At 6 P.M.—i.e., four hours after the operation—he was much easier. Temperature 98·6°; pulse 80. At 12 P.M the patient slept, but was restless; he had no pain except slight frontal headache. The hand was much stiller. Pulse 72. The twitchings did not stop during sleep.

Aug. 10th.—Patient felt much better and had no pain; pulse 72.—11th: Slept well in the night, and during sleep the movements of the hand stopped. Wound was dressed for the first time, the spray being used. The tube was removed, as the wound looked well and there was no pus. Movements of fingers were much less frequent.—12th Patient was so well that he wanted to get up. Temperature and pulse normal. His diet having been confined to fluids since admission, he felt hungry, and asked for and was ordered solid food. Power in the hand had very slightly returned. Twitchings were rather less frequent. Had slight soreness in the concatinate glands. Temperature normal.—15th: Patient dressed, as the glands were rather swollen and painful. There was a little œdema of the scalp, but no suppuration. The centre of the wound where the blow was given gaped a little, as the tissues had been bruised and lacerated. Pulse 70.—17th: Swelling of glands was subsiding. Dressed under the spray, and the wound found healed, except the centre of the cross, which was still open. Twitchings had completely gone, and since the 15th he had only had one or two, when he attempted to raise the arm. Patient could hold his hand straight up without the fingers falling. Slight increase of power when the hand was held horizontally.—19th: Grasp of right hand could be plainly felt in any position, equal to the grasp of thumb and forefinger of the left hand. The œdema of the optic disc had disappeared, the outline being clear and normal.—21st: Grasp of dynomometer with right hand 35 lb., with left 95 lb.—25th: Grasp of right hand 50 lb., left 95 lb.—28th: Patient got up, but felt a little dizzy.—Sept. 3rd: Wound quite healed. Grasp of right hand 70 lb.—11th: Patient discharged cured. Both hands and arms equally strong. No headache or dizziness. Sensation perfect. The temperature throughout had been normal.

Remarks.—The man had evidently only been seen casually by a surgeon on account of the arm, which the patient thought had been bruised by the fall, the head injury appearing trivial; but the case illustrates well the great importance of a very careful examination in all, even trifling, head injuries, as out of this misapprehension arose a medico-legal difficulty, the assailant having been sent for a week to prison for ordinary assault, when it might have been a case of manslaughter. Further points of interest in the case are—(*a*) The recovery of consciousness and intelligence within a few hours of the accident, although the local paralysis continued; concussion apparently accounting for the former and bruising and pressure for the latter. (*b*) The exact correspondence as proved by measurement of the brachial centre and the wound. (*c*) The threatened extension of paralysis to the facial, which adjoins the brachial centre. (*d*) The congestion of the optic disc on the injured side, which congestion disappeared within a few days of the operation. (*e*) The exaggerated cremasteric and knee reflexes on the right side. (*f*) The localised rhythmic epileptiform movements of the paralysed hand and arm, which began on the fifth day after the accident, were forty to the minute at the time of operation, ceased for an hour afterwards, then returned as frequently as ever, to gradually lessen in violence and number until they disappeared on the sixth day after operation. (*g*) In the success of the measures taken to render the wound aseptic, although it was thoroughly septic at the time of admission, and had been exposed for six days previously. (*h*) Lastly, in the complete and perfect recovery of the patient.

Leeds.

PYREXIA AND HYPERPYREXIA.

BY T. J. MACLAGAN, M.D., M.R.C.P.,

PHYSICIAN IN ORDINARY TO THEIR ROYAL HIGHNESSES PRINCE AND PRINCESS CHRISTIAN OF SCHLESWIG HOLSTEIN.

(*Continued from page 416.*)

IT is evident that the view that the nervous symptoms of hyperpyrexia are caused by the high temperature lacks the clinical support which would commend it to our reason. Experimental evidence seems to afford to it more support. The chief evidence of this kind is that adduced by Wood.[1] He placed rabbits, cats, and dogs in a box, and raised the temperature of this 120° to 130°, and found that in animals so exposed the temperature rapidly rose, and that by the time it reached eight or ten degrees above the normal the animals died. The experiments were evidently performed with great care, and the results very accurately noted. From these Dr. Wood draws the conclusion that it may be regarded as proven that "external heat applied to the body of normal animals, including man, so as to elevate the internal temperature, produces derangements of the functions of innervation, of respiration, of circulation, &c., precisely similar to those seen in natural fever, the intensity of the disturbance being directly proportionate to the rise in temperature." He further adds, no doubt in explanation of his including man in this generalisation, that "the brain of a man is much more highly organised, and no doubt correspondingly more sensitive, than that of a cat; and if a temperature of 113° F. be fatal to the brain of a cat, whose normal temperature is 102·5°, it seems very certain that the temperature of some cases of insolation (113°) is sufficient in itself to cause death in man, whose normal temperature is 99°. Much as one admires the patience and skill with which Dr. Wood made his observations, one cannot fail to see that they do not warrant these inferences, and that Dr. Wood has failed to grasp the correct interpretation and bearing of his own facts.

In the first place, there are no grounds for "including man" in the general inference which he draws. No observations were made on man, and in this matter the results of experiments made on cats and dogs cannot be accepted as applicable to him. Man naturally eliminates through his skin an enormous amount of heat, and possesses a power of accommodating himself to high temperatures, which is not possessed by the animals experimented on by Dr. Wood.

[1] Fever: a Study in Morbid and Normal Physiology. By H. C. Wood, M.A., M.D. Philadelphia, 1880.

The temperature which he found proved fatal to cats and dogs is one to which man may be and constantly is exposed, without serious results. Every time we take a Turkish bath we are exposed for a length of time to a much higher temperature than that to which Dr. Wood's animals were exposed.

In the second place, it is not an accurate statement of the physiological position to say that because a man's brain is more highly organised than a cat's it is correspondingly more sensitive to heat; and that because the normal temperature of man is 98·5°, a temperature of 113° must be a more serious thing to him than it is to a cat whose normal temperature is 102·5°. What Dr. Wood really found was that when the bodily temperature of rabbits, cats, and dogs rose 8° or 10° above the normal the animals died. But a rise of 8° or 10° above the normal produces *per se* no serious symptoms in man, as is evidenced by the frequency with which such a temperature occurs in relapsing fever without the occurence of any other symptom to distinguish the cases in which it occurs from those in which the temperature is several degrees lower. That is the proper way to put Dr. Wood's facts. The reason why the temperature which he found to be fatal to cats and dogs does not produce serious results in man is that he can naturally bear a much higher temperature than they, and that the surface of his body possesses a heat-eliminating function which is not possessed by that of cats and dogs.

Then, again, I do not think that Dr. Wood has correctly interpreted the mode in which death was produced in his animals. He says that the derangements produced were "precisely similar to those seen in natural fever, the intensity of the disturbance being directly proportionate to the rise in temperature." Of course, this disturbance was most pronounced in the animals which died. But when we come to inquire into their mode of death, we find it stated that in these fatal cases the heart continued to beat for some time after respiration had ceased. Now, there is no form of fever in which death is ever brought about in that way. In fever death results either from asthenia or coma—cessation of cardiac or cessation of cerebral function; but in Dr. Wood's animals it was brought about by arrest of pulmonary function. His animals died neither of pyrexia nor of hyperpyrexia, but from cessation of pulmonary function; and it is not difficult to say why this should have been their mode of death. Man eliminates heat by the skin; the animals experimented on by Dr. Wood eliminate it by the lungs. Breathing as they did in the hot box an atmosphere with a temperature many degrees above that of their blood, it was impossible for them to throw off heat; in such an atmosphere they could not eliminate heat any more than they could eliminate carbonic acid in an atmosphere charged with that gas; heat therefore accumulated in the system. The result of the accumulation in the system of any excretory compound is first stimulation, and ultimately arrest, of the functional activity of the organ by which it is normally eliminated. Accumulation of heat in the blood of Dr. Wood's animals thus led to arrest of pulmonary function, much in the same way that accumulation of carbonic acid in their blood would have done. It was not the heat they took in, but the heat which they failed to give off, that killed them. That was how and why his animals died. But that is a result which could not be produced in man by a like agency, simply because he eliminates heat through his skin. He might die from too great heat, but death would not be brought about by arrest of pulmonary function.

Moreover, there is another point in connexion with Dr. Wood's investigation which, though a side issue, is not altogether to be lost sight of. In his animals heat was applied artificially; by this they were heated up, and the sole question for consideration is the action of this heat on their economy; but in fever and hyperpyrexia there is no artificial heat, and the question at issue is not only the action of the high temperature, but also its mode of production—not only what does the heat do, but how does it come to be there. On this, the main question which has to be considered in dealing with this subject of the hyperpyretic state as it occurs in man, the experiments referred to throw no light. Reasons will hereafter be given for the belief that the high temperature is a result rather than a cause of disturbance of the nervous centres. Meantime, I wish only to point out that, so far as concerns the action of high temperatures on his organism, man is not in the same position as the animals experimented on by Dr. Wood—that he possesses a power of accommodating himself to extremes of temperature which is not possessed by them, and that, for the reasons given, Dr. Wood's experiments cannot be regarded as supporting the view that in the hyperpyrexia of man the high temperature is the cause of the nervous symptoms. It is incumbent upon us to explain the occurrence of the high temperature, as well as the nervous symptoms; and no view of the mode of production of the condition to which we apply the term hyperpyrexia can be regarded as satisfactory which does not explain one of its most prominent and striking features—that from which it takes its name. But on the view that the high temperature is primary, how are we to do so? It is evident that neither the clinical nor the experimental evidence favours the view that the high temperature is the cause of the nervous symptoms. The alternative view, that the high temperature is secondary to disturbance of the nervous centres, has much more to commend it. The constancy with which, under the most diverse external conditions—in the Arctic cold as in the heat of the tropics,—the temperature of the human body remains at 98·4°, has led physiologists to look beyond the crude physical conditions of tissue change and surface transpiration, and to regard a special centre controlling and regulating the formation and elimination of heat as essential to the explanation of the phenomena which have to be considered. Without some such regulating centre it is difficult to see how the temperature equilibrium could fail to be frequently disturbed by agencies which, as it is, have no effect upon it.

The tendency of modern physiology and modern research is more and more towards the recognition of the doctrine of localisation of cerebral function, according to which circumscribed and limited portions of the nervous centres preside over, control, and regulate particular actions and functions. We recognise the existence of centres for the special senses of sight, hearing, taste, &c., as well as for speech, mastication, deglutition, &c., and the position of these in the nervous centres can be defined with more or less exactness. We recognise, too, and define the position of a respiratory centre, a cardiac centre, and a vaso-motor centre. But we go even further than this, for the experimental investigations of Fritsch and Hitzig, of Ferrier, Yeo, Munk, and others, have enabled these observers to map out on the surface of the brain a series of circumscribed areas, stimulation of which by means of electricity causes contraction of certain muscles of the opposite side of the body. Thus they have been enabled to demonstrate that particular groups of muscles are presided over by a special portion of brain. The muscles of the forearm have their special area; the muscles of the face have another; a third presides over the muscles of the tail; and so on, each particular group of muscles being apparently presided over by a special central motor area. With the localisation of cerebral function thus demonstrated in so many cases, and with even the position of various controlling centres thus more or less accurately defined, we have good *a priori* grounds for regarding the existence of a thermic centre as at least not impossible. But there exist other than *a priori* reasons. There is not a little evidence, both physiological and pathological, that such a centre does exist.

In 1837 Sir Benjamin Brodie drew attention to the fact that injury to the upper part of the cord was, under certain circumstances, followed by a great rise in the temperature of the body. Since then the accuracy of Brodie's statement has been amply confirmed. The subject has recently been experimentally investigated by Dr. Wood, and much valuable information has been got from his researches. He made sections high up in the cords of a large number of dogs, the general result of which was to show "that after section of the cord there are two distinct antagonistic forces at work, the one depressing, the other increasing, the production of heat." The nature of these forces was determined by carefully conducted experiments. It had already been shown by the researches of Dittmar, Owsjannikow, and Heidenhaim, conducted independently of each other, that the chief vaso-motor centre has its seat in the medulla oblongata. Owsjannikow defined its seat as being in a region "whose upper boundary is one or two millimetres below the corpora quadrigemina, and whose lower boundary is four or five millimetres above the point of the calamus scriptorius." Wood made a number of experiments with the object of satisfying himself on this point, and came to the conclusion that Owsjannikow's statement was accurate. "The evidence," he says, "seems to me conclusive that the chief governing vaso-motor centre is placed

in the lower part of the floor of the fourth ventricle near the point of the calamus"—almost exactly the seat assigned to it by Owsjannikow. Stimulation of this centre causes contraction of all the arteries, and consequent great increase of arterial blood-pressure. Paralysis of this centre causes dilatation of the arteries, and fall of blood-pressure. Such changes in the circulation could not fail to have a modifying influence on the temperature of the body; for it is obvious that contraction of the arteries would lead to diminished flow of blood to the surface of the body and consequent diminution in loss of heat, while their dilatation would have the reverse effect. In investigating the effects of section of the cord on the temperature of the body it was therefore essential to determine how far the results obtained were or were not due to injury of the vaso-motor centre and consequent disturbance of the circulation.

Having satisfied himself of the exact situation of this centre, Wood proceeded to make sections above and below it, and to contrast the results. Section of the cord below the vaso-motor centre paralysed the vaso-motor nerves. The immediate result of this is dilatation of the bloodvessels. This flushing of the superficial vessels necessarily leads to great loss of heat. The blood being spread out, as it were, over the surface of the body, is more freely exposed to the cooling influence of the atmosphere, and more readily parts with its heat. The results of his carefully conducted experiments satisfied Wood that "injuries of the medulla below the calamus cause a fall of the animal temperature and of arterial pressure, and confirm the belief that the fall of temperature is due to vaso-motor paralysis."

The next point was to determine the effects of wounds of the medulla made high enough up to avoid injury of the vaso-motor centre; with this object a number of experiments were made. The matter is thus summed up: "The results of our whole study as to the effects of separation of the medulla from the pons upon thermogenesis may be formulated as follows: Section of the medulla at its junction with the pons is followed by increased heat-dissipation and increased heat-production, the increased dissipation usually not keeping pace with the increased production, so that the bodily temperature rises." The increased dissipation is, of course, merely a result of the greater heat of the body—a result which necessarily follows increased production when the vaso-motor system is intact. "Increased heat-production being the cause of the increased heat-dissipation, the problem presents itself—What is the cause of the increased heat-production?"

It was suggested by Heidenhaim that the rise of temperature might result from irritation of the vaso-motor centres; but, as Wood remarks, "it is a general guiding principle in making deductions that section of a nerve induces abolition of function, and that the symptoms which follow such section are paralytic unless clearly proved to be of other nature"; and the arguments which he adduces seem quite to warrant the conclusion at which he arrives, "that the rise of bodily temperature and of heat-production following separation of the pons from the medulla is paralytic and due to the removal of some active force." The general result of all the observations is thus summed up by Wood: "The theory that teaches the existence of a nerve centre in the pons or in the brain above it, which by a direct action inhibits the production of animal heat, seems to be most in accord with all the evidence bearing upon it, and I am disposed to adopt it as at least probable."

Reference has already been made to Sir Benjamin Brodie's observation as to the effect of injuries of the upper part of the cord on the temperature of the body. Since he wrote other surgeons have made similar observations, and sudden and great rise of body heat has come to be regarded as not an uncommon symptom in injuries affecting the cervical column. Weber,[2] for instance, has recorded cases in which the temperature rose to 110° and 111° before death. Churchill[3] records one in which it rose to 110°. Other cases, too, have been recorded in which injuries involving this region have been followed by the opposite condition—a great fall of temperature. Mr. Hutchinson[4] has related a case of crushing of the cord at the fifth cervical vertebra, in which within twenty-four hours after the injury the temperature in the urethra was 93°, and in the rectum, 95·8°.

Much difficulty has been experienced in offering an explanation of these facts, the difficulty arising, as Mr. Jacobson[5] observes, from "the uncertainty as to the existence of any centre which presides over the production of heat, and the connexion between the production of excessive temperature and vaso-motor paralysis." Wood's experiments throw considerable light on this subject, and tend to remove much of the difficulty referred to by Mr. Jacobson. If the injury paralyses only the vaso-motor nerves, there will be distension of the vessels on the surface of the body and rapid loss of heat, such as Wood found follow section of the cord below the medulla. If the thermal inhibitory nerves are paralysed, there will be a rapid rise of temperature. The injury which results from crushing the cord is much rougher and coarser than that made by cutting it, and the same nicety of result is not to be expected. Crushing of the cord at a given point does not mean exactly the same damage in each case; for the injury is a rough one, and one portion of the cord may be more seriously damaged than another—the right side more than the left, the anterior more than the posterior surface, and *vice versâ*. It is not the thermal or vaso-motor centre that is injured in these accidents, but the nerves proceeding from these; and it is an accident, whether in a given case the thermal or vaso-motor nerves suffer most. According as one or the other is more affected the temperature rises or falls.

Injuries of the cervical cord are not the only lesions of the nervous centres in which alterations of temperature are noted. One of the many important results which have accrued from the use of the clinical thermometer is the discovery of the fact that hæmorrhagic and other non-inflammatory lesions of the brain are frequently followed by a rise in the temperature of the body. The subject is one which has come into existence only since the thermometer came into general use; its literature is, therefore, not extensive; but a sufficient number of observations have been made to demonstrate that lesions of the brain frequently cause a rise of temperature such as does not result from similar lesions in any other organ.

Charcot[6] divides the apoplectic state resulting from hæmorrhage or from cerebral softening into three periods, according to the modifications of temperature: in the first, comprising the first few hours immediately following the attack, the temperature falls below the normal; in the second, which lasts a variable number of days, it varies from 99° to 100°; in the third, which terminates necessarily and speedily in death, it runs up to 102°, 104°, and even 106°. Bourneville[7] divides it into four: (1) the initial lowering of the temperature, (2) the stationary period, (3) the ascending period, and (4) the terminal temperature. The first three are the same as Charcot's. The fourth, which is really the maximum point of the third, is added to indicate that the ascending period does not always stop short at the point noted by Charcot; but that *at the instant of death or some minutes after*, there takes place in some cases a very remarkable rise. M. Bourneville gives a table of seventeen cases, eight of which were observed by himself, in which the average temperature a short time before or after death was nearly 107°, while in eight of the seventeen it exceeded 108°. The initial lowering of the temperature is no doubt the result of shock. The second or stationary period is sometimes altogether absent, and after the initial lowering has passed off there may be noted only the rapid rise of temperature of the third and fourth. This stationary period is met with chiefly in cases in which the clot is comparatively small, and in which the ventricles are not injured. Should recovery take place, the stationary period is succeeded by a return of the temperature to the normal standard. Should the case tend to a fatal result, the second period runs into the third, and the temperature rapidly rises. A rising temperature, therefore, indicates a speedily fatal termination.

Since Bourneville's cases were published similar ones have been recorded by other observers; the accuracy of his statements has been amply confirmed, and a rise of temperature has come to be regarded as a common result of cerebral hæmorrhage. But hæmorrhage is not the only form of cerebral lesion in which such alteration of the body heat is noted. The same change has been found to take place in tumours and various other non-inflammatory lesions of the nervous centres.

(To be continued.)

[2] Clin. Soc. Trans., vol. i., p. 163.
[3] St. Thomas's Hospital Reports, vol. i.
[4] THE LANCET, vol. i., 1875.
[5] Holmes' System of Surgery, 3rd ed., vol. i., p. 654.
[6] Leçons Cliniques sur les Maladies des Vieillards. 1869.
[7] Etudes Cliniques et Thermométriques sur les Maladies du Système Nerveux. 1872.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF CHOLERAIC DIARRHŒA WITH COLLAPSE.

BY G. CHILDS-MACDONALD, M.D.

ON Sunday, Feb. 20th, I was called to W. D——, a grocer's assistant, who was engaged on Saturday the 19th in packing up goods in hay taken from a case of wine recently received from Italy. On returning home that evening he felt unwell, and early on Sunday morning was suddenly seized with cramps, purging, and vomiting, the evacuations passing from him like water. At the commencement he was able to walk to the lavatory, but he rapidly became so weak that this was impossible. The vomited matters were composed of almost pure water. When seen by me at 11 A.M. on Sunday he had had sixteen evacuations, all of which unfortunately had been carefully emptied before my arrival. The sheets, however, at the upper part were soaked with apparently water, but which afterwards proved to be vomit. The man was lying on his left side, and in the semi-flexed position; the eyes were deeply sunken; the nose, chin, forearms, hands, and legs and feet cold and cyanosed; the tongue cold and dry. There was complete absence of the pulse at the wrist, the heart was beating feebly and almost inaudibly. The respiration was sighing. He would at times throw the arms over the head with an almost spasmodic catch in the breath; in fact he showed all the symptoms of oxygen hunger. Mentalisation was slow; there was also slight dimness of sight and deafness. The pupils were equal and slightly dilated, the eyelids closed. Every minute or so he would rouse slightly with a cry of pain caused by cramp in the abdominal muscles and calves, to relapse again into a semi-conscious condition. No urine had been passed since the previous evening, and the bladder was quite empty. He was given immediately thirty minims of ether hypodermically over the right pectoral region, ordered hot-water bottles to the sides and extremities, sinapisms to the calves and over the cardiac region, hot coffee with brandy, and to be rubbed with the latter spirit; also a mixture composed of acidi sulph. aromat., sp. æth. co., tinct. opii, ol. cajaputi, and ol. menth. pip., aq.; an ounce to be taken every three hours. At 12.30 there was a little improvement. The pulse was just perceptible at the wrist. No further motion or urine. Cramps the same. At 7.30 he had made a sudden attempt to get out of bed, and in so doing he had fallen and injured his forehead. The extremities are warmer. Pulse 80 (very feeble); temperature subnormal. Cramps less. Says he feels better, but complains of great thirst. No stool or urine.—Feb. 21st: Passed a very restless night. Cramps at intervals. Vomited several times. No urine or motion. Pulse 84 (weak); temperature 98°. Skin dry, but tongue moist; bladder empty. Ordered sinapisms to epigastric region, milk and lime water, and a little ice to suck if nausea continues. Linseed poultices to be applied over loins and diuretic mixture to be taken. Evening: Pulse fuller (84); temperature 97·4°. Vomited only once. No cramp, motion, or urine. Ordered eggs and milk, and meat juice.—22nd: Had a better night. Two stools, but small in amount, mainly composed of slimy material; no blood in them; no urine. Complains of flatus and great prostration. Has vomited once a little bilious fluid. Keeps eyes still closed. No cramp. Ordered a little rice pudding.—23rd: Has had a good night and passed fifty ounces of urine. Has had a small loose motion. Vomited bilious matter and mucus twice. No return of cramp. Is much brighter and cheerful, but complains of headache. Temperature 97·5°; pulse 60, much improved in volume. Ordered one ounce of bismuth, digitalis, and ether mixture, three times a day. Since the above note he has steadily improved up to to-day (the 28th), when he can sit up and read the paper. His appetite has much improved, and he had a little fish for dinner. Although, up he is unable to leave the bedroom, and shows great muscular weakness and emaciation.

There are several points of interest in the case, especially as there is so much of the so-called winter diarrhœa about. It would be interesting to know how much the Italian hay had to do with it. The long time the kidneys remained inactive, nearly three days, without uræmic symptoms, is specially noteworthy; also the rapid and evidently complete evacuation, followed by such extreme collapse. I have never seen anyone so near death and recover as this man; probably the ether saved his life. I have called this choleraic diarrhœa with collapse. Some of my readers might give it another name. It is unfortunate that the stools were not seen.

Duchess-street, Cavendish-square.

A CASE OF LACERATED WOUND TREATED WITH IODOFORM.

BY A. MITRA, L.R.C.P., L.R.C.S.,
CHIEF MEDICAL OFFICER, KASHMIR.

RAJAUL, a prisoner at the Kashmir Gaol, aged thirty-five, received a wound in the hand and forearm on April 12th. He, together with other prisoners, were engaged in breaking stones on a hill close to the city of Sreemugur. A large block of stone came rolling down, and Rajaul foolishly attempted to stop it. Soon after the injury, as he was being carried from the spot to the gaol, it was fortunate that Dr. Neve, of the Mission Hospital, happened to be passing, who took him to his hospital close by, stopped the bleeding, and rendered such help as he thought was necessary. I saw the patient next morning at the gaol, where I had deputed an assistant to watch him. I examined the wound, and found a large lacerated flap, including skin, muscles, tendons, arteries, and nerves, had been separated; the flap commenced four inches above the wrist, extended along the middle of the hand, and curved round the web of the fingers' ends over the head of the metacarpal bone of the ring finger on its dorsal side. The second flap on the dorsum was more lacerated; it commenced at the second phalanx of the thumb, and curved round the ends near the pisiform bone. All the metacarpals except the first were fractured; the third metacarpal was divided into four pieces. I happened to meet Dr. Neve that morning, who remarked: "The wound is one of the severest I have ever seen." Conservative surgery in such a case of lacerated wound with extensive injury of all the tissues can hardly be justified; but as twenty-four hours had already elapsed, I was determined to give it a trial, without, however, entertaining any hope to preserve the hand. I kept the injured parts soaked with corrosive sublimate lotion (seven grains to a pint). On the third day I opened the wound; there was very little discharge. Dusting the wound thoroughly with iodoform, I covered it with oiled silk and bandaged with corrosive sublimate gauze. The wound was opened the next day, as the temperature of the patient rose to 100·6° F. in the previous evening. There was slight discolouration in the tips of the little and ring fingers. I decided on amputation, not of the forearm but of the fingers. I made an incision, commencing from between the web of the index and middle fingers, carrying it straight down to the pisiform bone and curving round along the dorsum of the hand to meet the point of commencement. Iodoform was used all along. The wound healed in twenty days. The rise of temperature for the first five days ranged from 100° to 101°. The man has now perfect use of the thumb and index fingers. There is no resulting contraction.

Remarks.—This case shows what repairing powers the tissues sometimes possess. It also establishes the great value of iodoform in the treatment of wounds. In my surgical wards, iodoform is used as the chief dressing, and it always secures for me rapid and aseptic healing. Iodoform dusting has been found more efficacious than ointment even with vaseline. My experience has, however, proved to a certainty that disagreeable symptoms often result from iodoform dressing. They are chiefly gastro-intestinal and nervous irritation. But I have never observed iodoformic fever; these internal manifestations do not come to my notice, because I strictly follow the plan of washing the wound before fresh iodoform is used. With this precaution, there is no fear of poisoning. The forty-eight cases given by König,[1] where symptoms of poisoning supervened during the use of iodoform as surgical dressings, were probably treated without this necessary precaution.

[1] Centralbl. für Chir., Nos. 7, 8, 17, and 22.

HÆMORRHAGE DURING PREGNANCY, PROBABLY DUE TO SEPARATION OF PLACENTA.

BY M. G. BIGGS, M.R.C.S., L.S.A.

MRS. M——, aged thirty-eight, mother of seven children, was confined of a healthy boy on Sept. 30th, 1886. There was no hæmorrhage of any unusual kind during the labour. Forceps were used after the membranes had been ruptured, owing to uterine inertia. She has always had tedious labours. Early in January, 1886, she was regular; she then saw nothing until about the middle of February, when it came on rather suddenly and freely whilst she was standing in the shop, her husband being a dyer. From that time up to about a week before the confinement she used to bleed every fortnight or month, and even between these times there was often a blood-stained discharge. In July she sent for me; but rest in bed and the use of gallic acid and digitalis internally set things right for the time, and I heard nothing more of her until the day of labour. She had never been at all like this on any previous occasion. On removal of the placenta one part of the zone was of a much lighter colour than the other, with partly decolourised clots, and these same partially decolourised clots were clinging to the corresponding outer surface of the membranes. The appearance was most characteristic. The sudden onset looks suspicious, but then it was so early in the case when it commenced, before the formation of the placenta.

Northcote-road, S.W.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

THREE CASES OF BADLY UNITED FRACTURE OF THE FEMUR.

(Under the care of Mr. CHRISTOPHER HEATH.)

THE three cases which follow are interesting, as showing the different plans of treatment carried out in badly united fractures, according to the period which has elapsed since the receipt of the primary damage. We would refer our readers to the remarks appended. We are indebted for the notes of these cases to Mr. Bilton Pollard, surgical registrar.

CASE 1.—E. G——, a boy aged seven years, was admitted into the hospital on August 27th, 1886. His left femur had been broken about its middle by direct violence shortly before admission. There was only half an inch shortening. The fracture was treated with Liston's long splint for two days, and then with Hamilton's splint for three weeks. There was then only a quarter of an inch shortening. The limb was fixed with plaster-of-Paris bandages, and the patient was discharged. Seventeen days later he was readmitted, as the plaster case had slipped and the femur was bent at the seat of the fracture and shortened to the extent of an inch and a quarter. The fragments occupied the positions usually met with in fracture of the shaft of the femur. The patient was placed under the influence of ether, and Mr. Heath bent the bone over the knee to a good position and reduced the shortening to a quarter of an inch by forcible traction. A Liston's long splint with a perineal band was applied. The bone united well in good position, and about a month after it was reset a plaster-of-Paris case was applied and the patient was discharged.

CASE 2.—H. O——, a boy aged twelve years, was admitted into the hospital on Sept. 30th, 1886. He stated that between three and four months ago he fell whilst getting over a stile, and broke his left thigh. The fracture was treated with a Liston's long splint for a month, and afterwards with starched bandages for eight weeks. In the last seven weeks of this time the boy went about on crutches. A simple bandage was then applied. On admission the boy could only walk with difficulty, owing to the left leg being two inches and a quarter shorter than the right. The fragments were firmly united, with their ends overlapping, in the manner characteristic of a fracture of the shaft of the femur. At the junction of the upper and middle thirds of the thigh there was a large swelling on the outer surface of the limb due to the projection of the lower end of the upper fragment. On Oct. 11th the patient was anæsthetised, and Mr. Heath with considerable difficulty succeeded in breaking down the uniting callus. This he did by placing his foot on the swelling above mentioned, and using the extended limb as a lever, by means of which great force was brought to bear on the uniting callus. Forcible traction was then made on the limb, and some of the shortening was by that means overcome. Weight extension was applied to the limb. Two days later, the shortening being reduced to half an inch, the limb was fixed in a Thomas's knee-splint. Five weeks after the bone was reset the position of the fragments was good, and the shortening was less than half an inch. The limb was immovably fixed in plaster-of-Paris, and the patient was discharged. A month later the plaster-of-Paris apparatus was removed, and the knee, which was very stiff, was moved whilst the patient was under the influence of gas.

CASE 3.—D. P——, a boy aged seventeen, was admitted into the hospital on Nov. 1st, 1886. In 1882 he had suffered

from a fracture of his left thigh, which had united in good position. In November, 1884, he broke his right thigh. It was treated with a Liston's splint for four weeks, and a week later the patient left his bed and began to walk about. His thigh appears to have kept sound till April, 1886, when he occasionally fell down, owing to weakness in it; but he gives no account of any severe injury, though he states that he noticed an increasing deformity of his thigh. On admission his right thigh presented the marked deformity shown in the accompanying woodcut. There appeared to have been a double fracture of the femur, for, in addition to the prominent angle on the outer surface of the thigh, there was another prominence also on the outer surface of the thigh at a point about four inches below the tip of the great trochanter. At this spot the upper fragments appeared to overlap the lower on its outer surface. At the point of greatest deformity the fragments did not overlap one another. The limb was two inches and three-quarters shorter than its fellow. On Nov. 10th Mr. Heath first tried to break the femur in the manner described in the last case, but failed. He then made a small incision on to the most prominent part of the deformed bone, and with the aid of a chisel partially divided it. The remainder of the bone was then broken. The carbolic spray was used during the operation, and the wound was dressed with carbolised gauze. The limb was put up in a

Thomas's knee-splint. After the bone was broken the fragments overlapped, and it was found impossible to overcome the displacement entirely, but by increasing the amount of extension force from day to day the deformity was largely reduced. The dressing was changed on the second day after the operation, and weekly afterwards. The temperature remained normal till the eleventh day, when it rose in conjunction with a slight pleuritic attack. Six weeks after the operation the wound was soundly healed, the fragments were united by a large mass of callus, and the limb was in good position, but it was still three-quarters of an inch shorter than its fellow. A plaster-of-Paris splint was applied, and the patient was discharged to the Convalescent Home at Eastbourne.

Remarks.—The three cases now recorded were under Mr. Heath's care at the same time, and they form an interesting group illustrative of the treatment of badly-united fractures. In the first case the fracture was only five weeks old, and the callus was soft enough to allow of its being bent and the bone being brought into good position. In the second case the bone had been broken between three and four months before the patient was admitted, and it was found necessary to employ considerable force to rebreak it. The result was very good, for the shortening of two inches and a quarter, which had entirely crippled the patient, was reduced to less than half an inch. With regard to the third case, it is doubtful whether the deformity which the femur presented was due to the fracture two years previously, or whether it depended on an injury sixteen months later, for it was only about eight months before admission that the great deformity was noticed. In this case it was necessary to divide the femur partially with a chisel before the bone could be straightened; and, though the improvement in this case was the most striking of the three, there still remained about three-quarters of an inch shortening. It is probable that this was dependent on the second fracture, which had united, with slight overlapping of the fragments. The Thomas's knee-splint, which was used for the last two cases, was very efficient, as it secured perfect fixation, facilitated extension, and in the last case allowed of the antiseptic dressing being changed without disturbing the fracture.

LONDON HOSPITAL.

FOREIGN BODY IN THE URETHRA; REMOVAL; REMARKS.

(Under the care of Mr. RIVINGTON.)

For the following account we are indebted to Mr. A. W. Burrell, house-surgeon.

On January 1st a big, strong, healthy-looking labouring man came to the hospital complaining that a pin had slipped into his urethra, and that he could not get it out. He had had a stricture for some time, which caused periodical retention, to relieve which he had been in the habit of passing the beaded head of a large shawl-pin through the stricture. On this occasion, however, the point had slipped past the meatus, and, catching in the mucous membrane, he had been unable to extract it, and during the walk of a mile to the hospital it had worked some distance up the urethra.

On examination, the point of the pin could be felt sticking through the urethra into the cellular tissue of the scrotum, in the middle line, just in front of the perineum; while with the finger in the rectum the shaft could be followed through the membranous and prostatic portions into the bladder, into which, however, the head penetrated too far to be felt. As after a little rest and a bath he passed his urine pretty freely by the side of the foreign body, he was left till the morning.

Jan. 2nd.—The point of the pin could now be felt just under the loose skin of the scrotum, with an inch and a quarter of the shaft protruding through the urethra. Mr. Burrell passed down a long pair of urethral forceps, and seized the pin in the urethra; at the same time passing his finger up the rectum, he pressed it up under the arch of the pubis, thus fixing it. Mr. T. N. Thomas then, under Mr. Burrell's direction, stretched the skin over the point, making a nick with a knife on it. He seized the point with forceps, and drew it out until the head stopped at the aperture in the urethra; then he depressed the point, and, reversing the mode of entrance of the pin, easily pushed the head out of the meatus, followed of course by the shaft. A catheter was passed, and some collodion placed on the puncture. The man refused to have his stricture treated, and went out the next day. The pin proved to be a blue steel shawl one, five inches and three-quarters long, with a black glass bead for a head, a quarter of an inch in diameter.

The case is interesting, as showing the position taken up by a long, straight foreign body slipping into the urethra. Thus it lay across the fixed curves of the urethra, the point perforating the penile urethra about one inch in front of the membranous portion.

ST. VINCENT'S HOSPITAL, DUBLIN.

A FATAL CASE OF PARAPLEGIA; NECROPSY; REMARKS.

(Under the care of Dr. QUINLAN.)

P. S——, aged fifty, a stout well-built man, a cabdriver, was admitted on Jan. 6th. He had for the last two years been of very intemperate habits, and on New Year's Day was driving his cab in a state of partial intoxication, when he fell off the box upon the road, which was then hardened by severe frost. He was assisted up to his driving seat, and was able to guide the vehicle home at a walking pace. Arriving home, his trap was put up for him, and he went to bed, as it was thought, to sleep off his potations. Next morning he felt chilly and numbed, and was unable to stand; he got daily worse, and began to speak thickly.

On admission upon the 6th, Dr. Quinlan found the man unable to move hand or foot; the surface of his body was livid, and very cold; and he was unable to distinguish the double points of the sensation compass at all in the lower parts of the body, and in the upper only when they were divaricated over an inch and a half. He had no control over his fæces, and the urine had to be drawn off by the catheter several times a day. His pulse was only 44, and his mouth temperature the clinical thermometer would not register, it being under 95°, its lowest marked degree. Priapism was present. He did not suffer any pain; but all over his sacral region a large bedsore was threatening to form. He got steadily lower and weaker; effusion into the bronchial tubes set in; and he died on the afternoon of Jan. 9th.

The post-mortem examination was made twenty hours after death by Mr. Coen, resident medical officer, who removed the calvaria, the occipital bone, and the whole covering of the back of the spinal canal, thus allowing the brain and spinal cord to be removed in their entirety. There was no injury of the vertebral column, but intense and general congestion of the vascular covering of the brain and of the spinal cord, which were pinky-red over the whole extent. There was no softening; but on making sections of the spinal cord, spots of congestion, almost resembling small hæmorrhages, were to be found scattered throughout its whole substance. On the sacral region was a circular, yellowish discolouration, nearly the size of a dinner-plate, and surrounded by a well-marked commencing line of separation, and which before many hours would have become a slough.

Remarks by Dr. QUINLAN.—In this case the cerebro-spinal inflammation was evidently caused by the patient falling on his back upon the hard road. He apparently fell in this way, for his head was not injured, and, from his inebriated condition, he does not seem to have put out his arms to save himself. The severe cold of the weather and his chronic alcoholism no doubt contributed to the fatal result. The case was from the beginning hopeless, from the general involvement of his nervous system, both cerebro-spinal and sympathetic, as evidenced by the symptoms above described.

THE COUNTESS OF DUFFERIN'S FUND.—The second annual report of the central committee of the National Association for Supplying Female Medical Aid to the Women of India has just reached England, and contains the following information as to the financial state of the fund:—The central fund at the beginning of last year brought forward a balance of 146,188 rupees. Since that date 76,109 rupees have been received. The annual income of the central fund is estimated at 19,450 rupees, which is partly made up of 9750 rupees interest on investments, of 2700 rupees from annual subscribers, and of contributions from the branches, which in 1886 amounted to 2700 rupees. This income, Lady Dufferin states, is very far below the exigencies of the situation, and she earnestly appeals for support from the people of England in this the Jubilee year.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Annual General Meeting.—President's Address.

THE annual general meeting of this Society was held on Tuesday last, Mr. G. D. Pollock, F.R.C.S., President, in the chair. Mr. R. W. Parker and Dr. Angel Money were appointed scrutineers of the ballot.

Dr. CHEADLE read the report of the President and Council. It showed that the financial position and general prosperity of the Society were in a favourable state.

The report of the honorary librarians states that the additions to the library during the year 1886 consist of 879 works, including pamphlets, but not including Transactions, journals, and other periodical publications; 638 of these additions have been obtained by purchase and 241 by donation. These latter include 25 works in 100 vols. presented by Dr. Lauder Brunton, and 32 old books given by Mr. Charles Hawkins. In the 638 works added by purchase is included a bound collection of 420 "Thèses de Médecine," put together by the late Dr. C. Parrot. The total number of works in the library, Dec. 1886, was 30,282. During the past year 3587 books have been borrowed from the library. The number of visits of Fellows has been 4574. The collection of portraits of members of the medical profession has been enriched by the addition of 63 new portraits.

The PRESIDENT read his address. It consisted, as is customary, of the obituary memoirs of all those Fellows of the Society, deceased during the past year, and occupied an hour and a half in the reading, thus proving the numerous losses the Society had sustained by death since the last annual meeting.

Dr. CHARLES WEST proposed and Mr. J. H. MORGAN seconded the adoption of the report of the Council.

Sir JOSEPH FAYRER proposed and Mr. COWELL seconded the vote of thanks to the President for his address.

Mr. R. BARWELL proposed and Dr. PAYNE seconded the vote of thanks to the retiring vice-presidents and members of the Council: Dr. J. W. Ogle, Mr. Berkeley Hill, Dr. Buzzard, and Dr. Church.

Dr. O. STURGES proposed and Mr. HAWARD seconded the vote of thanks to the retiring treasurer, Dr. Radcliffe.

The following is the list of officers unanimously elected for the ensuing year:—President: Mr. G. D. Pollock, F.R.C.S. Vice-Presidents: W. H. Dickinson, M.D.; W. Ogle, M.D.; A. E. Durham; T. Smith. Treasurers: C. J. Hare, M.D.; Timothy Holmes. Secretaries: W. B. Cheadle, M.D.; Howard Marsh. Librarians: Wilson Fox, M.D., F.R.S.; J. W. Hulke, F.R.S. Members of Council: J. Cavafy, M.D.; Sir T. Crawford, K.C.B., M.D.; J. F. Payne, M.D.; R. D. Powell, M.D.; A. E. Sansom, M.D.; H. C. Rose, M.D.; Marcus Beck; H. T. Butlin; J. McCarthy; C. S. Tomes, F.R.S.

CLINICAL SOCIETY OF LONDON.

Paralysis of Left Leg from Subcortical Disease.—Rheumatic Hyperpyrexia successfully treated by the Cold Bath. Epilepsy following an Injury to the Leg.—Profuse Hæmaturia in connexion with Granular Kidneys.

AN ordinary meeting of this Society was held on the 25th ult., Dr. W. H. Broadbent, F.R.C.P., President, in the chair.

Dr. HUGHLINGS JACKSON read a paper on a case of Paralysis of the Left Leg from Subcortical Disease, with Cancer and Fracture of the Left Femur. A woman aged fifty-two was admitted on Dec. 28th, 1885, under Dr. Hughlings Jackson's care, for paralysis of the left leg, which had come on suddenly on Dec. 7th, whilst she was standing at her work. The knee-jerk on the paralysed side was greatly exaggerated, and there was foot-clonus; there was no defect of sensation; no morbid changes in the fundi. On Dec. 30th, whilst she was being lifted from the bed-pan, the left femur broke just below the great trochanter. Death occurred on Jan. 19th. At the necropsy there was found cancer of the left femur, of the ovary, and of the brain. The brain was examined by Dr. James Anderson, who found several growths in it, one, accounting for the paralysis of the left leg, being in the region of Ferrier's leg centre.—Dr. BROADBENT said the case was interesting from more than one point of view. The nodule to which the paralysis corresponded might have been described from other points of view than the internal aspect. The early occurrence of ankle-clonus and exaggerated knee-jerk was hardly in accord with the sclerotic theory of these phenomena.—Dr. BEEVOR said that Messrs. Schäfer and Horsley first discovered that the posterior part of the marginal convolution was a part of the leg centre. The absence of fits might be explained by the nodule not having implicated the cortex. He was working with Mr. V. Horsley at the minute arrangement of the leg centre, and found that the toes were represented in the parietal lobule, which was not involved in Dr. Jackson's case. With regard to the fibres of the internal capsule, those from the leg descended in the hinder part of the internal capsule, as had been ascertained by experimental stimulation of the exposed fibres in the monkey.

Dr. CARRINGTON read a case of Successful Treatment of Hyperpyrexia in Acute Rheumatism by the Cold Bath. He said that although there was nothing new in the case he brought forward, still he thought it was well to put such cases on record in order to accumulate a body of evidence such as would enable medical men to combat the prejudice existing amongst the friends of patients against the employment of a remedy which afforded the only chance of safety in this desperate complication. The patient was a medical student, aged twenty-three, strong and muscular, and hitherto in perfect health. He had been ill with what was apparently a mild attack of rheumatism, for which he had been treated by salicylic acid. He was so far recovered that he had left his bed, and on the evening of Oct. 31st had received the visits of his friends. He passed a good night, and there was nothing to excite attention next day, but on taking his temperature next morning about 12 noon, quite as a matter of routine, it was found to be 107°. Dr. Carrington saw him soon afterwards, and then found the temperature to be 106°. He was, as soon as practicable, removed to the private ward of Guy's Hospital, but in the journey had become noisy and delirious, and by the time he had been placed in bed he was quite livid, unconscious, and generally convulsed. His temperature was then found to be 109·8°. The necessary arrangements had been previously made, and he was at once placed in a bath at a temperature of 70°, which was as rapidly as possible cooled down by ice; large quantities were used, but the body heat was so great that there was great difficulty in lowering the temperature of the bath. Pouring ice-cold water on the patient's head had a beneficial effect. A rectal injection of fifteen grains of antipyrin was exhibited. He was kept in the bath for a full hour, and when the rectal temperature was 102·4°, he was removed and placed on a blanket and lightly covered by a sheet. Then marked tetanic convulsions supervened, and he gradually became quiet, and at 7 P.M. his temperature fell to 97·2°. At 8 P.M. consciousness returned, and he took a pint of milk, and at 10 P.M. he was quite rational. During the next day he remained comfortable, and took twenty grains of salicylate of soda every two hours, but his temperature again arose, and at 12 P.M. it was 103·8°. He was given fifteen grains of antipyrin by the mouth, but at 2 A.M. the temperature was 105·2°, and the ice-bath was again employed for fifteen minutes. He was taken out when his temperature had fallen to 101°, but at 6 A.M. it had again risen to 105·4°, and the bath was again had recourse to for a similar period. After this he slept well, but at 2 P.M. the temperature had reached 105°, and he was bathed again for forty minutes. From this time the temperature never again rose to any extent; it was for the most part normal, but on one occasion with a return of the articular pain it reached 101°. After the third bath salicine was substituted for sodic salicylate, in twenty-five grain doses every two hours. After two days he took it every three hours, and the dose was gradually reduced. With an interruption due to the slight relapse, the patient made an uninterrupted recovery from this time, and left the hospital quite well. The experience of the case seemed to be that within the limit of collapse, prolonged immersion was more effectual than shorter and more frequent baths.—Dr. HALE WHITE remarked on the uselessness of the antipyretics in this case, and he thought that the way in which the drugs act must be different in different cases. The class of pyrexias influenced by antipyrin and other antipyretics were, perhaps, of a different nature. Referring to a case of inexplicable pyrexia that ultimately got perfectly well, he said that neither antipyrin, salicylate of soda, nor

quinine had any influence over the course of the fever.—Dr. BROADBENT remarked on the occurrence of convulsions in connexion with this case; he had not observed convulsions during the rise of temperature; perhaps the removal of the patient to the hospital might have had some share in their causation. In cases of hyperpyrexia in typhoid fever, he had witnessed the development of remarkable opisthotonos, which had no relation with the general convulsions. He inquired whether shivering was taken as an indication for removal of the patient from the bath. He had known hyperpyrexia to supervene during the administration of large doses of salicylates, but in one case pericarditis developed. He supposed that the præcordial murmur in Dr. Carrington's case was of hæmic origin, and partly due to myocardial dilatation, not to pericarditis.—Dr. HUGHLINGS JACKSON said it was important to note whether convulsions were tonic first and clonic afterwards, or whether they occurred in confused alternation.—Dr. STEPHEN MACKENZIE had seen four cases of hyperpyrexia in private practice. In one of rheumatic fever he employed ice and water till the temperature became normal, when the patient was seized with complete tetanic rigidity, in which he was only partially conscious, and became of deathly pallor, reminding one of the picture at Brussels of the man risen from his coffin after being interred as dead from cholera. It was found necessary to employ stimulants, but the man died ten hours later. In private practice he had had no case of complete recovery, thus showing the importance of careful nursing and proper appliances for such cases. In Dr. Wilson Fox's first case the balance between hyperpyrexia and subpyrexia was very marked, cold and stimulants being alternately and concurrently required. No clonic convulsion was observed with the tetanic state.—Dr. BROADBENT said that the convulsions observed by him were of an irregular clonic character, in which there was no recognised phase of rigidity. No clonic convulsion occurred in association with the tetanic opisthotonos to which he had referred.—Dr. CARRINGTON said that it was only on removal from the bath that the tetanic state without clonic spasms developed. The first bath lasted one hour. Drugs, so far as one could tell, had no beneficial effect.

Dr. HADDEN brought forward a case of Epilepsy after Gunshot Wound in a man aged thirty-two, who was under Mr. Croft's care at St. Thomas's Hospital. There was no family history of epilepsy. In 1872 he was wounded in the left calf, and several shots were extracted. In six or seven weeks the wound was quite healed. Four months after the injury he began to have fits. For nine months they were occasional, but afterwards he had as many as twelve daily. The sciatic nerve was then stretched, and the fits ceased for thirteen years. They recommenced seven weeks before admission into St. Thomas's, when he fell to the ground from a ladder unconscious. During the week preceding admission he had eight or ten daily. The fits began with a sharp twitching pain in the scar in the left calf; then there was a creeping, heating sensation passing up the leg and left side of the body to the head. The left side then became convulsed. The pupils were immobile, and the conjunctivæ insensitive. Finally, there were some general convulsive movements, and then rapid return to consciousness. The tongue was not bitten, nor were the evacuations passed. The scar was somewhat tender, and when pressed he would at times have the sensation passing up the body, and sometimes a convulsion. Occasionally in the seizures he would roll about in bed, and sometimes there was opisthotonos. An attempt was made to stretch the sciatic nerve by extreme flexion of the hip, but the result was a violent convulsion. A few days later the nerve was exposed and freely stretched. The fits stopped for nine days. He then had occasional seizures—sometimes one a day, sometimes one every other day. Two occurred whilst the splint was being bandaged to the leg, and one during removal of the splint. The man wrote four months later to say that he had had no convulsion since he left the hospital, but he suffered from severe paroxysmal pain in the left calf, followed by the "fitty" sensations. There was no doubt that the attacks were genuine, the condition of the pupils and conjunctivæ and other points proving this. The interest of the case has reference to Brown-Séquard's and Victor Horsley's experiments on guinea-pigs. Epilepsy was induced by these observers after injury to the sciatic nerve. There is usually a latent period of from two to six weeks. In the man the incubation was four months. Opisthotonos occurred in the patient, as in the case of guinea-pigs.—Mr. BOWLBY related the case of a man who had received a charge of shot in the leg about eighteen months before he was first seen. The fits had been increasing in frequency and force, and were always characterised by pains beginning in the wounded leg in the area supplied by the musculocutaneous nerve, of which an inch and a half was excised, and after two or three days the fits ceased, and the wound healed soundly after having suppurated. The man remained five years without recurrence of the fits. Some shot under the skin were then found and removed, with the result of temporary stoppage of the fits. After a time Mr. Willett practised stretching of the sciatic nerve; the fits thereafter continued for awhile, but then ceased, and there had been no further occurrence.—Dr. H. JACKSON referred to the case of a boy brought before the Society last November, who had fits whenever his head or face was touched—a case like that of a guinea-pig rendered epileptic by injury of the sciatic nerve or spinal cord.—Dr. CARRINGTON alluded to cases of trephining for epilepsy, and said that recovery sometimes followed the mere operation.—Dr. ANGEL MONEY considered, with Dr. Hughlings Jackson, that in most cases of epilepsy there was an epileptogenous zone in some part of the periphery of the nervous system. Probably there were various kinds and modes of excitation of this area, and these were the exciting causes of the attacks of epilepsy. Reference was made to a case of genuine idiopathic epilepsy in which the ingestion of a stick of chocolate was sufficient to excite a genuine attack, which began with a sensation of frightful hunger at the pit of the stomach a few minutes after eating the chocolate, was soon followed by a rushing sensation to the head, and this was succeeded by loss of consciousness, in which convulsions of tonic, clonic sequence might be observed.—Dr. BROADBENT referred to his own experience of like cases. In one, that of a girl with a whitlow, violent epileptiform convulsions were of frequent occurrence, but on the removal of dead bone they entirely ceased. Another case of reflex epilepsy was that in which there existed a piece of glass in the ulnar nerve, palpation of which was invariably followed by the occurrence of a fit. These cases differed from ordinary epilepsy in that they might occur at any age. Cases of idiopathic epilepsy in which fits occurred several times a day were of rare occurrence. The extreme frequency of the fits was another feature of the cases under discussion. He concurred with Dr. Hadden in thinking that removal of the scar rather than stretching of the nerve was the better treatment to adopt.—Dr. HADDEN, in reply, thought the class of cases of epilepsy under discussion partook of the nature of tetanus resulting from a wound. He was much struck by the resemblance between Mr. Bowlby's and his own case.

Mr. ANTHONY BOWLBY read a paper containing the records of three cases of Hæmaturia in connexion with Granular Kidney. The first was that of a man aged seventy-three, who was admitted into St. Bartholomew's Hospital suffering from enlargement of the prostate and hæmaturia. His death, which occurred within twenty-four hours, appeared to be chiefly due to the exhaustion caused by the loss of blood. A post-mortem examination showed an enlarged prostate and dilated bladder, containing several ounces of almost pure blood. The kidneys were small and granular. Their pelves and the ureters contained blood, and in the renal substance there was much blood extravasated. Microscopical examination showed that the hæmorrhage had occurred both into the renal tubes and into the cellular tissue of the gland. The second case was that of a man aged forty-nine, who had long suffered from stricture of the urethra and difficult micturition, and who for three months previously to admission into St. Bartholomew's Hospital had passed considerable quantities of blood with his urine. He had many of the ordinary signs of interstitial nephritis, and, in addition, passed a great deal of blood. On his death, from uræmia, no cause of hæmorrhage was found, except in the kidneys. These were small and granular, and contained a little bloody urine. The third case, a man aged sixty-four, was admitted on Feb. 3rd, 1886, with profuse hæmaturia and pain in the loins. After losing much blood for several weeks the hæmaturia ceased. The urine when clear contained albumen. There was some albuminuric retinitis and some opacity of one lens. Attention was drawn to the fact that the subject of hæmaturia in connexion with granular kidney has received little attention, that no cases of profuse hæmaturia of this nature have been previously recorded, and that no post-mortem examinations have been described. It was pointed out that in one of the

patients who was the subject of this paper the hæmorrhage was so profuse as to be mistaken for vesical bleeding, and in the others the diagnosis had to be made from other of the more recognised causes of renal hæmorrhage, especially calculus. It is in connexion with this question of diagnosis that these cases are of importance. Lastly, it was stated that simple interstitial nephritis, independently of dilatation or absorption of the renal substance was often found as the result of obstruction to the outflow of urine.—Dr. CARRINGTON considered the cases to be of great rarity, and remarked on the existence of obstruction in the urinary passages.—Mr. R. J. GODLEE referred to the fact that in some of the cases instrumentation had been practised for the relief of retention of urine. Such instrumentation of the urinary passages would be likely to be followed by acute attacks of hæmaturia and renal congestion.—Dr. HADDEN referred to two cases of profuse hæmaturia, in which the diagnosis had been overlooked and in which the kidneys were found after death to be the seat of large hæmorrhages.—Dr. MAGUIRE considered that cases of hæmaturia in association with granular kidney were not of great rarity, and the hæmaturia seemed to be followed by improvement in the patient's general condition.—Dr. BROADBENT thought that profuse hæmaturia was rare in cases of granular kidney. In one case the patient had had uræmic convulsions, from which recovery took place, and death occurred some years later from hæmaturia, the cause of which was bleeding from an artery running in the wall of the pelvis of one kidney.—Mr. BOWLBY, in reply, said that catheters had been passed in one case but not in the others, and the circumstance that all the cases occurred in the surgical wards showed the profuseness of the hæmorrhage and the overlooking of the nature of the cases.

The following living specimens were shown:—Dr. Arthur Davies: A case of Myxœdema in the male, aged thirty-eight, of seven years' duration, and a case of the same disease in the female. Mr. A. E. Barker: A case of Fracture of the Upper Cervical Vertebræ, causing Right Hemiplegia, from which the patient had completely recovered.

MEDICAL SOCIETY OF LONDON.

The Treatment of Syphilis by Mercury.

AN ordinary meeting of this Society was held on Monday, Feb. 21st, Mr. R. Brudenell Carter, F.R.C.S., President, in the chair.

Mr. E. MILNER read a paper on the different modes of administering Mercury in Syphilis, and the indications for their application. He gave some of the results of his experience of twelve years' out-patient practice at the Lock Hospital, with a view of arriving at some definite conclusion as to what preparation of mercury should be employed in order as rapidly as possible to get rid of the visible signs of syphilis. In the majority of cases blue pill is as good as blue ointment and green iodide as Donovan's solution; but even in these cases he thought that more accurate and more careful observation in practice would render such an admission unjustifiable. He dealt with three of the most common methods of administration: 1. Some of the cases in which green iodide should be used. 2. Some of the cases in which inunction should be practised. 3. Some of the cases in which the vapour of calomel should be employed. Of all the syphilitic rashes, the most evident, most persistent, and perhaps the most difficult to combat, is the vesicular syphilide. It most frequently occurred in light-haired women who drank large quantities of wine as distinguished from spirits. The vesicular may be associated with an early tubercular syphilide, and this usually in dark-haired people during cold weather, and in the underfed and underclothed patients of anxious temperament. In the first of these two classes green iodide with Donovan's solution, in large doses, was most valuable; in the second class the inunction of the German preparation of blue ointment has excelled all other methods of treatment. In billiard-markers, some actors, barmaids, actresses, and commercial travellers, who drink freely and sit up late, the syphilitic rash is apt to become angry, excessively red, and marked. In spite of the diarrhœa, give green iodide in large doses. Donovan's solution, with soda and iodide of sodium will assist, the latter salt being better than the potassic salt. The keeping of late hours materially influences the character of syphilitic eruptions. These people often have a thick oily perspiration which interferes with the nutrition of the skin and initiates the manifestations of syphilis; it was perhaps one of the causes of the so-called gouty character of the syphilide. Barmaids present the reddest and most angry syphilitic rashes, and the lesions are most difficult to treat. Such might be named "barmaid's syphilis." For these cases green iodide of mercury was the best preparation. In those who drink and never take care of themselves green iodide was next best to inunction, and would probably, under all the circumstances of the case, prove most efficacious. Green iodide of mercury is the most available remedy with patients who sit up late, who have light hair, and drink freely. The typical case for the green iodide would probably be the light-haired degenerated lady who sits up all night playing the piano at suburban parties, who eats but little, but refreshes herself frequently and takes a little brandy before retiring to rest. The German ointment is less strong, contains more suet, and is harder and preferable to that of the British Pharmacopœia. It salivates severely less frequently, and produces a more permanent effect. Many cases of primary syphilis in healthy, abstemious, light-haired men will be benefited by mercurial inunction. Patients with dark hair treated in this country with inunction, though they may almost avoid syphilides, may suffer severely from a form of sloughing sore-throat. Inunction in the late stages is a refuge for the destitute, but rarely it may give gratifying results. Large syphilitic testicles, secondary gummata, and syphilitic nervous disease may yield like magic to inunction. Inunction is most useful in the early stages with healthy, light-haired, abstemious patients with a primary sore, and the German ointment will almost certainly cure the distracted married man who has had syphilitic lumps for many years. To rapidly get rid of sores the local administration of mercury in the form of the vapour of calomel is of material assistance, whether the sore be the smooth, flat, indolent button, or accompanied by destructive ulceration of the glans penis. The vapour is also valuable in ulceration of the extremities, especially the legs, syphilitic in their origin, but frequently associated with a weak state of constitution, or, more frequently still, associated with a too rapid or indiscriminate administration of mercury. In certain cases, where mercury cannot be administered internally, the vapour of calomel locally applied is of great assistance, as also in the red, angry, tubercular eruption on the forehead along the line of the hat leather, and in the destructive ulceration of the fauces in late secondary syphilis.

Mr. BRUDENELL CARTER referred to the syphilitic lesions of the eye, especially of the retina, which were met with in the tertiary stages, and especially in those individuals in whom the mercurial treatment had been inadequately carried out.

Dr. DRYSDALE could not agree that mercury was the only treatment of syphilis, and spoke of the probable germicide effect of mercury and iodine.

Dr. LAUDER BRUNTON said that it was very difficult to explain the *modus operandi* of mercury and iodides in syphilis, for the pathology of this disease was still imperfectly known. Perhaps they acted as germicides.

Mr. DE MÉRIC considered inunction was an uncleanly method. He had seen many cases of tertiary syphilis which were benefited by mercury.

Dr. ALTHAUS alluded to other methods of introducing mercury than those given in the paper. He spoke of hypodermic injections, lanoline inunction, and the oleates, all of which methods he had employed with success.

Dr. T. K. SALTER had had a syphilitic chancre on the finger, treated for nine months by calomel baths, and without any secondary symptoms having appeared.

Mr. MILNER, in reply, alluded to the baneful influence of large doses of iodide of potassium. Mercury was practically indispensable.

The following is a list of the names of Fellows nominated for office by the Council for the ensuing year:—President: J. Hughlings Jackson, M.D., F.R.S. Vice-President: T. L. Brunton, M.D., F.R.S.; Sir W. Mac Cormac, D.Sc.; T. H. Green, M.D.; J. Knowsley Thornton, M.C. Treasurer: A. E. Durham. Librarian: W. H. Allchin, M.B., F.R.S.E. Honorary Secretaries: Samuel West, M.A., M.D.; Bernard Pitts, F.R.C.S. Secretary for Foreign Correspondence: Felix Semon, M.D. Council: R. Brudenell Carter; H. H. Clutton; W. Harrison Cripps; J. N. C. Davies-Colley; S. H. Davson, M.D.; D. W. Finlay, M.D.; Francis Fox; J. Langton; J. Lowe, M.D.; R. Macguire M.D.; R. P. Middlemist; J. H. Morgan; W. M.

Ord, M.D.; R. Douglas Powell, M.D.; W. Pye; J. P. Richards; A. J. MacConnel Routh, M.D.; T. Gilbart Smith, M.D.; C. Theodore Williams, M.D.; S. W. Wyman, M.D.

Excision of Half of Larynx.—Tuberculosis of Fauces.—Dislocation of both Hips.—Excision of Hip.—Trephining for Cerebral Abscess.

A clinical meeting of this Society was held on Monday last, Mr. R. Brudenell Carter, F.R.C.S., President, in the chair.

Mr. LENNOX BROWNE exhibited a patient from whom he had ten weeks previously excised the left half of the Thyroid and Cricoid Cartilage with the corresponding arytenoid, vocal cord and internal soft parts, on account of unilateral epithelioma in a male patient aged 61. The following points were emphasised:—1. Use of the raspatory for removing the tissues external to the cartilage as the surest safeguard against hæmorrhage, as lessening the chance of septicæmia, and ensuring speedy recovery of the power of swallowing, &c. 2. The use of Hahn's tampon cannula. 3. The use of perchloride of mercury in solution, and of corrosive sublimate gauze in preference to iodoform, as dressings for the wound. 4. The not too quick closing of the external wound, with the view of prolonging functional rest of the larynx without the irritation of a tracheotomy tube. The patient spoke with a fair gruff voice, and was able to resume his occupation, but Mr. Browne considered that it was too early a period yet to speak as to the freedom from recurrence.

Mr. LENNOX BROWNE also showed a young woman, aged twenty, married, and the mother of three children who was the subject of Tuberculosis of the Fauces and Pharynx, extending to the posterior wall of the larynx and slightly involving the right arytenoid cartilage. The lung condition showed only incipient phthisis, but bacilli of tubercle were plentiful at the seat of ulceration. The patient had suffered on admission into the hospital on December 4th from dysphagia in such an extreme degree that she preferred not to take food. According to the method advised by Krause, of Berlin, the diseased surface, previously anæsthetised by cocaine, was scraped, and solutions of lactic acid, 20, 40, and 60 per cent., were applied daily for twenty-one days. At the end of that period acute inflammation took place, on recovery from which the dysphagia was found to be absolutely relieved. In reply to Dr. Angel Money, he said that the case was regarded as tubercular by all who had seen it, and the typical bacilli were discovered.

Mr. T. PICKERING PICK showed a boy aged eleven with Dislocation of both Hips, as the result of softening of both capsular ligaments. The legs were distorted and deformed, and he was unable to stand; the right thigh was apparently lengthened, flexed, abducted, and rotated outwards; the left thigh seemed to be shortened, flexed, adducted, and rotated internally. The boy had suffered from acute necrosis of the tibia, and the resulting illness had led to the adoption of an abnormal position of the legs so as to relieve pain; from this dislocation had resulted. He had performed osteotomy on both femora with a view to obtaining better positions. Reference was made to Mr. Barker's case of dislocation occurring in typhoid fever as the result of effusion into the hip-joint and softening of the capsule.—Mr. WM. ADAMS said that double osteotomy was the best operation that could have been done for the boy. He spoke also of Rawdon's operation of excision of the head of the femur. He was not certain of the mechanism of the dislocation that occurred in continued fevers. Was the capsule torn or merely distended?—Mr. J. H. MORGAN thought that infantile arthritis might lead to dislocation as well as rheumatic fever. In one case of upward and backward dislocation, the head of the bone was found to be perfectly healthy and movable, the acetabulum was filled with granulation tissue, the capsule tense and stretched over the displaced head, and the teres was destroyed.—Mr. WALTER PYE thought that spontaneous dislocation might occur as the result of pyæmic arthritis.

Dr. A. ROBINSON showed a case of Excision of the Hip in a woman aged forty-five. She had been suffering previously from pyæmic joint affections. The right leg was shortened and everted; there was a sinus discharging freely on the outer side. There was a dislocation on to the dorsum ilii, where the head, denuded of its cartilage, was embedded in indurated tissue. The head and surgical neck were excised, and the final result was good, the patient having a movable limb and being able to walk.—Mr. WM. ADAMS thought the case a very successful one.

Dr. WHITELAW BOURNS showed two cases of (?) Ichthyosis Hystrix, in one of which the affection of the right leg only began four years ago in a woman aged seventy-one.

Mr. J. BLACK read a case of Trephining for supposed Abscess of the Temporo-sphenoidal Lobe. The patient was a man aged twenty-two, whose illness began with vomiting and shivering, and continued with rigors and high fever. He had suffered from otorrhœa for many years. There was a perforation of the membrana tympani and there had been a sinus leading into the mastoid cells. The cells were perforated and free drainage established, without much relief. A few days later the trephining was performed, the dura mater was laid open, and the brain pierced, without result. A day later fresh piercings in different directions were made, but no abscess was detected and the rigors continued. Quinine in large doses, stimulants, and nourishing food were given, and in the course of two weeks the patient had improved considerably, when the rigors returned. Optic neuritis was not detected. The patient ultimately completely recovered. He inquired whether the operation was justifiable under the circumstances. Reference was made to papers by Mr. Barker, Mr. Hulke, and Dr. Greenfield.

Mr. H. ALLINGHAM, jun., showed a case of Fracture of the Lower End of the Right Humerus, with involvement of the median nerve in the callus, and consequent neuritis with paralysis. It was that of a boy aged twelve, and he proposed to cut down by the nerve and liberate it.

EPIDEMIOLOGICAL SOCIETY OF LONDON.

A MEETING of this Society was held on Wednesday, Feb. 9th, Inspector-General Lawson in the chair.

A paper by Inspector-General John MACPHERSON was read, entitled a Memorandum on Notices of Cholera in India before 1817, of which the following is an abstract. The object of this paper is to show that Dr. Semmelinch in his recent history of cholera before 1816-17, and still more Colonel Yule, in his admirable Anglo-Indian Glossary, have made some additions to our knowledge of the diffusion of cholera in the East in early times. Dr. Semmelinch points out that *bort* was the name applied by the Dutch in the east to choleraic attacks, although he does not believe that malignant cholera existed in the East before 1816-17, as all accounts of the disease before that date are unsatisfactory to his mind, owing to their being incomplete in the enumeration of the symptoms of the disease. However, we have positive evidence through him, and still more through Colonel Yule, that cholera of the worst type occurred in Anaca in the Bay of Bengal, in 1602, that *bort* occurred in Ceylon in 1679, and cholera in the Isle of Bourbon in 1716, and further quite possibly cholera in China in 1517. In almost all cases where captains of ships, or travellers, or doctors have mentioned the diseases of the East, they have, in addition to the usual ones of the country, mentioned a certain disease called *mordexin* or *mort de chien* of the French, noted for its sudden onset and rapid course. This was doubtless Indian cholera—sometimes sporadic, sometimes epidemic.

A paper was read by Mr. JOHN MOIR on the Statistics of the West Ham Small-pox Hospitals during the Epidemic of 1884 and 1885. He stated that during that period he attended 1211 cases in the Guardians' Hospital and 303 cases in the Local Board Hospital, with a total mortality of 280 (18·4 per cent.); and the tables compiled by him showed that the mortality after revaccination, with the exception of one case of pneumonia, from which the patient was suffering on admission, was *nil*; after primary vaccination with three or more good marks, 4 per cent.; with from one to two marks, 15 per cent.; in the imperfectly vaccinated, 29 per cent.; in those said to be vaccinated, but without evidence, 44·6 per cent.; and in the admittedly unvaccinated, 52·66 per cent. As to the question of protection by vaccination, it was in exact ratio to the efficiency of the vaccination, and revaccination afforded practical immunity from confluent small-pox and death from small-pox. The deaths from small-pox in West Ham were 259 in 1884 and 563 in 1885, whereas in 1886 there were only 3. A house-to-house visitation carried on by Dr. A. E. Kennedy led to a great increase in vaccination and re-vaccination, as during the period in question, from March 30th to May 14th, 1885, the public vaccinators in West Ham revaccinated 2978 persons, besides vaccinating 515 over the age prescribed by the Vaccination Act, with a large increase

in the number of primary vaccinations. It appeared from Dr. Kennedy's report to the West Ham Board of Guardians in May, 1885, that, in a population of close on 150,000, 98·6 per cent. were found to be vaccinated. But the chief benefit was the increased impetus given to vaccination, and the fact that there were only 3 deaths from small-pox in 1886 was greatly owing to this house-to-house visitation. Another feature brought out by this epidemic was the increase in the number of cases round the hospitals area. The report of Mr. Power to the Local Government Board, printed by the West Ham Board of Guardians, shows that in the three-quarters of a mile radius (used for the reason that it includes the whole of the built-upon area of Plaistow, in which the hospitals were situated, and leaving a zone comparatively sparsely populated), in the six months, Dec. 1883 to June 21st, 1884, this hospital area suffered a rate of small-pox mortality ten times greater than that of the remainder of the district; in the two months and a half, June 22nd to August 30th, 1884, a period corresponding to the normal seasonal decline of epidemic small-pox, West Ham suffered about the same amount of fatal small-pox as in the preceding six months, but the small-pox mortality in the hospital area was smaller, but still nearly twice as great as in the remainder of the district; in the next six months it increased again to over three times that of the rest of the district. There was a large number of hæmorrhagic cases in hospital (fifty-seven), mostly coming from the insanitary and overcrowded districts. The tables showed that the largest number of cases occurred between the ages of fifteen and thirty years, proving the necessity for successful revaccination. Of the 1514 cases, 55 were under two years of age, 18 being vaccinated, with 2 deaths; 4 had small-pox and vaccination concurrently, with 3 deaths; and 33 were unvaccinated, of whom 27 died.

In the discussion which followed, the President, Dr. Dickson, Surgeon General Murray, Inspectors-General Lawson, Lilburne, and Lloyd, Surgeon-Major Pringle, Drs. Thorne and Willoughby, and Mr. Shirley Murphy took part

MANCHESTER PATHOLOGICAL SOCIETY.

THE following is a brief record of the proceedings of the meeting on Jan. 19th, Dr. J. Dreschfeld, President, in the chair.

Discussion on Diseases of the Hip-joint in Children.—Mr. G. A. WRIGHT opened the discussion, and after reference to a few points in the anatomy of the joint, he proposed five headings as the subjects for debate, premising that he took for granted the tubercular nature of the complaint. 1. The seat of the primary lesion was held to be nearly always in the bone, as an articular ostitis or affection of some part of the epiphysis, the epiphysial line, or the calcar femoris. The relation between the anatomy of the joint and the seat of the lesion was discussed, and the question of the effects of injury alluded to. A case of synovitis was mentioned as being the only instance in over a hundred cases examined. 2. It was almost impossible to determine the frequency of primary acetabular disease, though the existence of pelvic mischief could usually be ascertained. 3. Necrosis of the femur was said to be present in about 17 per cent., of the acetabulum in about 22 per cent., of cases that had reached the stage of abscess. Total epiphysial necrosis and the question of diastasis were discussed. The mere removal of sequestra was held to be insufficient on the ground that the specimens showed tubercular ostitis round the sequestrum cavity, and this would be left behind. The difficulty of finding the presence of sequestra without section of the bone was also pointed out. 4. The probability of recovery of the bone in the specimens shown was decided against, on the ground that no specimen showed any sign of repair except one in which the whole epiphysis had been removed by natural processes, since it was observed that until this occurs relapses are probable even if temporary quiescence is procured. 5. On pathological grounds the conclusion was that excision is the proper treatment. Between fifty and sixty preparations were shown to illustrate the various features of hip disease and the points indicated in the address.—Mr. F. T. PAUL (Liverpool) agreed with Mr. Wright in placing the origin of the disease most frequently in the bone, and, from repeated microscopical examination of typical cases, considered that pulpy disease of the joints was always tubercular. He regarded it as a primary rarefying or tubercular ostitis, commencing in the neighbourhood of the joint, and secondarily involving the synovial membrane. He did not think that in the hip-joint the simple removal of sequestra was sufficient, but believed rather that, since the mischief so frequently began in the head of the bone, the proper treatment was to excise the head and neck only at an early stage—an operation which was frequently followed by primary union and a movable joint. In the later stages excision was very unsuccessful, and he preferred expectant treatment.—Mr. A. W. STOCKS thought that the characteristic position of the limb in incipient hip-joint disease, and the favourable result of early and judicious treatment without operation, combined with the fact that forcible distension of the joint in the dead subject produced a similar distortion, threw a good deal of doubt upon the theory that hip-joint disease commenced, as a rule, in the substance of the bone.—Dr. WM. THORBURN said that Mr. Wright had proved the osseous lesions to exist in such cases as he thought required excision, but he would ask what was the proportion of cases excised to those treated without operation, and whether Mr. Wright held that the lesions were similar in the large number of cases which it is possible to cure by rest, &c.?—Mr. WRIGHT, in reply, said that the fixed position of the limb in abduction and flexion occurred as soon as the mischief reached the joint, but so long as the interior of the bone alone was involved it did not occur; this corresponded with the "latent period" so often seen, and was confirmatory of the view that the bone lesion is primary. The proportion of cases excised to those seen was about one in six. There was no reason to suppose that the excised cases differed in pathology, but only in the stage at which they were seen and in the possibility of carrying out efficient treatment.

Reviews and Notices of Books.

A New Departure in Science. Being a Second Edition of a New Chapter in the Story of Nature. By CHARLES BLAND RADCLIFFE, M.D. 8vo. London: Macmillan and Co. 1886.

NOT the least important aid to one branch of science is often furnished by those professionally engaged in another department, for the wider the sphere of a man's knowledge so much the more philosophic will be his treatment of special subjects. Thus geology owes much to the labours of surgeons and physicians, among whom may be mentioned Fitton, Mantell, Dixon, Holl, Lycett, Duncan, and others; and during the past seventy years no less than six medical men have occupied the presidential chair of the Geological Society of London. Of these, Mr. J. Whitaker Hulke (formerly president) has just been awarded the Wollaston Gold Medal, the highest honour the Society can bestow, for his researches on Fossil Reptilia. Now and again, however, a feeling of scepticism in scientific teachings is developed in the minds of those who pin their faith on the literal interpretation of the Bible; and this is especially prominent if they have some acquaintance with geological literature, but have failed to thoroughly grasp the principles of the science. The results when put in print are generally lamentable, and unfortunately we cannot make the volume under notice an exception.

The author's first "departure" is founded on his belief that there is a tidal wave in the land, dependent upon tidal fluctuations in subterranean heat. His conclusions are based on barometrical observations taken at high and low water, afloat and on shore, although he previously "saw that the atmospheric pressure must increase if the land or water went down, and decrease in the contrary case." His observations show a slightly diminished atmospheric pressure ashore at low water, but no material difference between the pressure afloat and on shore at high water. The records, however, are somewhat conflicting, nor is any statement made of the temperature at the different places. It is well known that there are areas of high and low pressure distributed side by side, and meteoric

influences would be amply sufficient to account for the slight differences recorded by the author, while in any case the records are too meagre for the establishment of general conclusions on the subject. It is true he admits that "no doubt additional evidence is wanted before it is possible to lay down the law positively," but further on he adds, "and to return, it may not be wrong to conclude that the evidence in favour of a tidal wave in the land is even more conclusive than the evidence of a tidal wave in the water." Throughout his volume the author, after introducing his new departures and pointing out that it may be so and so, has a tendency to argue as if it *is* so, and as if his statements and conclusions might be accepted as facts. He seldom presents any real arguments against these "departures," and appears to read too much in the light of his preconceived opinions. In the case of the tides, no doubt, it is difficult to define the exact influences that affect them, through the revolution of the earth, the configuration of the coast lines and of the ocean beds, and from astronomical causes. The author, however, says little about the action of the tides on rivers, nor does he point out how they would be affected by upheaval of the land. It is well known that minute earth tremors affect the land—vibrations (almost microscopic in character) that are produced both naturally and artificially, and in the former case sometimes by variations in barometric pressure. Nevertheless, in the case of violent earthquakes the vertical movement of the land is seldom more than one millimetre, and yet from the observations of the author at Eastbourne he found, to his great delight, "that the *land* went down at high water and up at low water, and that this movement amounted fully to nine feet"!

That rocks may expand under the influence of heat will not be denied, but we cannot follow the author further when, for example, he remarks "that some rocks expand and shrink more than others under the action of tidal fluctuations in subterranean heat, and that a day may come in which the rising and falling of the tidal wave may give the key to the geological construction of the sea-board—when, e.g., an exceptionally high tide may be looked upon as pointing possibly to the presence of coal at no great distance from the sea in that locality."

Dr. Radcliffe's second "departure" is one "in which subterranean and other forms of natural heat are found to be dependent upon electrical incandescence, &c." He observes: "The simple fact is that the earth is traversed instantaneously by electrical currents from the sun and moon; that these currents in certain parts of their course across the earth are, as instantaneously, frittered down into heat by resistance." In this way he would account for the temperature of the Bath waters; but we must pass over the laboured arguments which are put forth to interpret facts that are capable of simple and intelligible explanation on the theory of the earth's internal heat. Although the author is apparently acquainted with the fact that the daily changes of temperature do not affect our soil beyond a depth of about three feet, and that the annual variation below twenty-five feet is very small, yet he does not realise that the subject of the gradual increase of temperature at greater depths is incapable of explanation in the way he supposes. The temperature of the earth's surface varies according to the heat of the sun, whereas in descending below the surface to a depth of upwards of fifty feet, we reach a point where the oscillations of temperature due to surface causes cease; we come, in fact, to what is termed "the stratum of invariable temperature";[1] and below this, wherever observations have been made, the temperature gradually increases.

Turning to the concluding "departures" of the author, we are not surprised to learn that he is incapable of accepting the doctrine of evolution. He states, as one departure, that "in which the age of the earth is not found to reach very far back into immemorial times." Sir William Thomson has pointed out that the period during which life can have existed on the earth's surface should perhaps be restricted to about 100,000,000 years, and Dr. Croll has inferred that the glacial period probably commenced about 200,000 years ago. These figures may be fairly approximate, but they do not profess to be precise, and we should not find so much fault with the present author if his conclusions rested upon facts. He says: "A chief reason for believing in the extreme antiquity of the fossiliferous rocks is that which is supplied by the doctrine of evolution. Set aside this doctrine, and the reasons for entertaining a view altogether different to it retain all their force. So it may be—nay, so it must be. And if so, then there is so far nothing in the history of the fossiliferous rocks to make it absolutely certain that immemorial ages have been spent in the formation of these rocks." The antiquity of the earth is proved by the succession of sedimentary deposits and the succession of more or less distinct faunas and floras in different areas, as well as by the evidence of breaks or intervals that were accompanied by upheaval of the strata and extensive denudation. Continuous deposition was no doubt going on when we take in consideration the entire area of the earth's surface, but many physical changes have interrupted this continuity locally. In the same way the chain of organised beings was no doubt continuous, when we consider the life history of the earth's surface as a whole; and one of the charms of geology is to be able to discern in the strata of a small area like England evidences of physical conditions that are repeated in various climes and conditions over the globe at the present day.

The final "departure" of the author consists in the assertion that "the actual and Scriptural history of the earth are found to be not wholly irreconcilable," and that "the elder stratified rocks were formed in the comparatively short interval between the creation and the deluge." He speaks as if the series of stratified rocks was formed continuously, observing "how in the space of a year the great revolution in which the bed of the ancient sea was converted into the present land may have been brought about." The "universal deluge" in his opinion preceded the glacial period, and was due to the refrigeration, because "with water everywhere the earth would be insupportably cold." We have at present no positive evidence of human remains in pre-glacial times, but man no doubt occupied portions of the British area during the glacial period, for the old flint implements found in the Thames valley deposits and in certain caverns are associated with a fauna that is older than some of the latest glacial deposits of the north of England. The idea, however, of a universal deluge is so entirely opposed by the present geographical distribution of animals that no one can hold it without at the same time believing in numerous special creations of different forms of life on the isolated continental areas and islands; while, as regards the antiquity of man, it has been remarked that if all the leading varieties of the human family sprang originally from a single pair a much greater lapse of time was required for the slow and gradual formation of such races as the Caucasian, Mongolian, and Negro than was embraced in any of the popular systems of chronology.

In noticing these "departures" of the author, we have quoted his own words in order to express his views as fairly as possible; but we cannot escape the conviction that in most cases he has gone out of the way to seek a new explanation of well-known phenomena, and his work is in reality a departure *from* science. No one believing in an all-powerful Creator would deny that anything might have been produced in any way; but the object of scientific in-

[1] See Green's Physical Geology, 3rd edit., p. 643.

vestigation is rather to ascertain in what way Nature has worked. In the one case observation and reason are the chief guides, and in the other we seek to interpret blindfolded. To many of us the geological record reveals a wonderful and beautiful story of the creation, and if so we may believe that our ability to decipher some portions of the history was likewise intended. Be this as it may, any attempt to reconcile literally the Biblical account of the creation with the geological record is about as scientific as as it would be to reintroduce the systems of surgery and medicine that were in vogue at the time the "Mosaic" account was written.

An Elementary Text-book of British Fungi. Illustrated by 64 Plates. By WM. DELISLE HAY, F.R.G.S. Pp. 238. London: Swann Sonnenschein, Lowrey, and Co. 1887.

As the poet says of vice, that we "first endure, then pity, then embrace," so it would appear from the writings of all professed fungologists, that we first suspect, then collect, then enjoy these singular half-animal, half-vegetable bodies. It is certain that by neglecting them and their culture a very considerable quantity of wholesome and eminently nutritious food is annually wasted; and it is not a little curious that, while most of even the smaller and less conspicuous flowering plants have received common names and are easily distinguished by field labourers, the very large group of fungi are only differentiated by the majority of even well-educated people into two groups—"mushrooms," or edible fungi, and "toadstools," or poisonous fungi, the latter including all but the three or four species of agarics that are found in open pastures. Mr. Hay remarks that no other nation is so ignorant, but that, on the contrary, the various peoples of the continent of Europe bestow a great deal of attention on fungi. He follows the classification of Fries, and refers for illustrations to the admirable work of Mr. Cooke which is now approaching completion. The neglect of fungi, of which Mr. Hay complains, is doubtless due to the difficulty of discriminating wholesome from unwholesome species, and he very rightly devotes successive chapters to their structural anatomy and the characters of the more common edible species. We give an extract which will show the lively style in which Mr. Hay writes, and the delicate food that is provided for us without cost were we only sure of true selection. Speaking of the Chantarelles, he observes: "Few mushrooms can be so readily recognised as this, and once known it is impossible to mistake any other for it. The chantarelle grows in woodlands and parks, and its distinguishing features are these: an irregular shape; gills like wrinkled folds or plaits; a uniform bright golden-yellow colour; a scent like that of plums or apricots. It is a supremely excellent viand, in high estimation among mushroom epicures. In continental markets it fetches a high price, though plentiful there as here. Finding it often in quantities near London, the author has sometimes presented basketfuls to his French and German friends in the metropolis to their great gratification. But when he has proffered it to his own countrymen he has usually encountered contemptuous scorn; so deep is the fungophobic superstition." Other excellent but entirely neglected mushrooms are the oreads—Marasmius oreades, which is the chief former of "fairy-rings"; the Blewit, Lepista personata, which the author declares is as good as veal cutlet; the Puffballs (Bovistæ), which, however, must be eaten when young, white throughout, and solid; the Helvels, the Mousseron (Agaricus prunulus), the Oyster (Agaricus ostreatus), and many besides. Mr. Hay is not content with describing the British fungi, and with indicating their economic value and digestibility, but he devotes a chapter to culinary receipts, which give the results of his experience in dressing them in a palatable manner for the table.

New Inventions.

MODIFICATION OF MIDWIFERY FORCEPS.

I BELIEVE it is a recognised fact that the chief difficulty, if it can be counted as such, in the use of the forceps lies in the introduction of the upper blade, for these reasons: When the lower blade is introduced first, it is an obstacle to the application of the upper one, from its presence in the vagina and by the uterine contractions which are set up dynamically by it. It is easier to introduce the lower blade chiefly on account of the relative positions of the patient and the operator; for on whichever side the patient may lie, it will be found to be more convenient for the hand to trace out the under surface of the fœtal head than the upper. However, a great authority says: "If we use the curved forceps—i.e., with the second pelvic or sacral curve,—then the *upper blade* is generally the *best* to introduce first." After this I take it for granted that, whether the upper blade be introduced first or last, it is always the more difficult to apply. In order to obviate this difficulty, Mr. Coxeter has constructed for me a pair of forceps having the lock adjustment reversed to those in ordinary use. It is obvious that if the upper blade of the latter kind be first introduced and held *in situ*, it will lie well against the perineum, and between them there will not be room to pass the lower blade without first displacing the handle of the other forwards, which is not good for the uterus; whereas with my forceps, when the upper blade is in position (having its lock forwards), there will be plenty of freedom for the passage of the lower blade. I have often noticed that it

is not so much the actual use of the forceps that alarms the patients as the preparation for the simple operation. "Drawing the patient to the edge of the bed and baring the buttocks" is not a pleasant procedure, but hitherto a necessary one on account of the rigid blade. In these instruments I have endeavoured to obviate this also; for in the handle of the upper blade adjoining the lock there is a lateral hinge which flexes backwards, but which is rigid to forward pressure; when closed, it moves on two plates, with a concealed pivot constructed in such a way as not to impair the strength of the blade for leverage or traction' neither is it conspicuous when the handles and locks are in apposition. The shanks are made sufficiently open to admit the index-finger comfortably for traction, and the handles are full long. When the handle is flexed, the upper blade is, shortened, and can be introduced without altering the position of the patient, supposing she is in the usual obstetric position. The upper blade being passed, the lower easily follows. The forceps have also been fitted with Dr. Aveling's handles, the curve of which greatly aids the design of the instrument.

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Mecklenburgh-square.

THE LANCET.

LONDON: SATURDAY, MARCH 5, 1887.

THE Local Government Board have published the report upon the Sanitary Condition of New Windsor, which has been presented to them by their Inspectors, Dr. HUBERT AIRY and Mr. ARNOLD TAYLOR. We trust the lessons it teaches will be taken to heart by the local authority, whose members have until now denied the existence of conditions which have been the subject of special reports by our Sanitary Commissioner.

Windsor, the Inspectors state, is in most respects no worse, and in some respects is distinctly better, than many other old towns with which they are acquainted, and they think some allowance should be made for the difficulties that beset a sanitary authority in its endeavours to amend the faulty state of things which it has inherited from bygone centuries. With these views we entirely concur; there are towns which are worse than Windsor, and it has been our duty recently to adduce evidence in this respect, but the existence of faults elsewhere is no excuse for the neglect to remedy those in Windsor, and we have held that the Town Council would have been acting more wisely in admitting the necessity for the exercise of their powers, and claiming such consideration as is due to the Sanitary Authority which has inherited the evils of bygone centuries, rather than in denying that their district required active improvement.

The report dwells upon the injuries inflicted by the floods which from time to time inundate the lower parts of Windsor, the water reaching to the top of the kitchen grates, and leaving behind it a layer of mud on floors and furniture, and causing "the destruction of wall paper and plaster, the saturation of walls and floors, which it takes months to get rid of." The Inspectors point out that the Town Council have no power to require dwellings already built in low-lying situations to be altered in such a way as to raise their ground floor above the flood level, but they omit to discuss how far they might be expected to prevent the overflow of the river by work such as that which has been successfully carried out at Strood, on the banks of the Medway.

Apart from this, the Inspectors describe, in words of condemnation, the condition of the older courts and alleys of the town, where they find that, "though in many cases the houses stand on fairly sound ground, their condition in respect of outside air space, back-yard space, internal ventilation, closet accommodation, surface formation, and pavement—in some or all of these particulars—is still pitiably bad." Ample details are given in the body of the report from the Inspectors' own observation of the grounds upon which this general statement is based. Thus, in Garden-court, back yards, or rather closet-wells, are only from four to six feet across, and contain each a pan-closet to be flushed by hand; water has to be fetched from a stand-pipe near the entrance to the court. The absence of back windows in different parts is generally commented on. In Distil House Row it is noted, among other defects, that the houses have no back yards, while cavities in the ground receive ashes and house refuse, and "at the edge of the back lane which bounds these courts stand four pan-closets for thirteen houses, pans dirty for want of flush-water, woodwork giving way." Again, in South-place, "of thirteen houses on the south side, ten have no opening whatever at the back, no scullery, no closet, and no water, but a tap at the end of the row." For closet purposes, the sixty-five dwellers in the ten houses have to go into an open yard at the back of the opposite houses on the north side. Some houses in South-place wanting in ventilation, the Inspectors believe, can be remedied by putting in a window at the head of each stair; but as for the houses on the south side, they "see no way of rendering them tolerably habitable but by demolishing every third house and converting its site into a yard for its neighbours, with a proper water-closet to each." Keppel-row is referred to as "another insanitary locality," and a description of its condition is given; and the Inspectors state, they might add details concerning Keppel-street, Love-lane, and others, but that the examples they have cited will suffice to show the general condition of the older and poorer dwellings in these parts of Windsor.

Concerning the sewerage, the report observes that "the flushing is not sufficient to keep the long and almost level outfall sewer (with a fall of three feet in a mile) free from deposit, which thus is left in the sewer long enough to decompose and cause offensive effluvia from the gratings." House-drains are further condemned, the report asserting that "there is reason to believe that in many cases the house-drains are ill-laid and unventilated, and ready to convey poisonous gases direct from the sewer to the house through an untrapped sink-pipe or an ill-constructed watercloset." The Inspectors lament the insufficiency of the general law to do more than hinder the recurrence of those conditions which have actually shown themselves to be nuisances; the fact remains, however, and we have urged this with regard to Windsor, that the poor cannot be trusted to make complaints, and that nuisances, if they are to be remedied, must be sought for by the Sanitary Authority. The report also wisely points out that although the work of nuisance inspector is enough to demand a man's whole time, and the sanitary authority ought not to content themselves with less, this work has entirely devolved upon an officer who is the borough surveyor, the inspector of common lodging-houses, the inspector of weights and measures, of petroleum, and of canal boats. As the report states, without a proper staff no local authority can fully enforce the provisions of the Sanitary Acts, and Windsor is quoted as a borough which needs amendment in this particular. The fact is dwelt upon that most, if not all, of the courts and streets whose defective sanitary condition has been detailed might have been dealt with, externally at least, under the 150th and following sections of the Public Health Act, 1875, but no attempt appears to have been made to use these sections.

We note with pleasure that Dr. CASEY, the medical officer of health, is regarded by the inspectors as an able and conscientious officer, and that they find in his annual reports

evidence of much good work in his district, and sound advice offered to his Sanitary Authority. They state, however, that Dr. CASEY has under-estimated the importance of such sanitary defects as have been described in connexion with South-place, or else has over-estimated the difficulty of legally dealing with those defects.

As the result of their inquiry, the Inspectors recommend, where the Public Health Act, 1875, is insufficient, that resort should be had to the Artisans and Labourers' Dwellings Improvement Acts, 1875 and 1882, for the improvement of unhealthy areas; that there should be more constant and thorough nuisance inspection, and that a separate inspector of nuisances should be appointed for this purpose; and, finally, that the Sanitary Authority should make the much-needed provision for the isolation of infectious disease, for the disinfection of infected articles, and for the destruction of house refuse.

If these recommendations be faithfully carried out by the local authority, we shall certainly feel we have not laboured in vain. Already, as the result of publicity given in THE LANCET to sanitary neglect in Windsor, great improvements have been effected. We have no hesitation in saying that, notwithstanding the still unsatisfactory condition of many parts of the town, the Windsor which is the subject of the report of the Local Government Board is very different from the Windsor to which we first directed public attention in August, 1885. The extraordinary efforts made by the Sanitary Authority after the publication of our articles are well known to us through subsequent inspections of their town by our Commissioners. There is, indeed, no more instructive passage in the whole of the report of the Local Government Board which is now made public than the statement that, "in looking through the Nuisance Report Book, we could not fail to notice that in the single month of September, 1886" (the month before the Inspectors' visit), "there are about as many cases of premises inspected and nuisances reported as in the two years from September, 1884, to August, 1886."

IN resuming our discussion of the subject of placenta prævia, we come to some points in the history of that condition. Internal version requires dilatation of the cervix to an extent implying that labour has advanced to a considerable degree of progress. To wait for this is often impossible, and *accouchement forcé* (forced delivery) was formerly the only alternative.

The first great advance was made in 1860 by Dr. BRAXTON HICKS who showed the possibility of turning by the bipolar method when the cervix would admit two fingers, or even one. He expressly pointed out the advantages of early version by this method in placenta prævia, and published a series of cases to illustrate his point. Our Teutonic brethren seem to have read his publications (which are plain enough) without understanding, for the greatest German accoucheurs, VON HECKER and SPIEGELBERG, opposed and decried bipolar version, but showed that they failed to comprehend it. In the meanwhile various methods of treatment were proposed and partly adopted, and HICKS's method seems to have been practically unknown in France and America. Twenty-two years after its publication a serious trial of early bipolar version was made by HOFMEIER, a year later by BEHM, and a year later by LOMER, all in Berlin. It was then found that the method which an English accoucheur had described and practised in 1860 required twenty-two years and a foreigner to bring it into vogue.

These accoucheurs treated 236 cases with eight maternal deaths, a mortality of 3·3 per cent. BEHM delivered fifty-eight cases consecutively, without a single maternal death. It must be remarked that HOFMEIER and BEHM treated all their patients themselves, whereas LOMER's cases were treated by nine different assistants. The presence of a skilled operator must of course be discounted in comparing ancient with modern methods, and so must the use of antiseptics. Still, it may be safely said that, after all due allowance is made, the above results have never been nearly reached. The reduction of mortality may be stated as from 24 per cent. to 3 per cent. The method may be described as—*a*. Bipolar podalic version as early as possible. *b*. Extraction by natural forces, or after complete spontaneous dilatation.

It is found, as said above, that the bleeding practically ceases after version and before extraction. As regards the life of the child, delay does not, according to statistics, much impair its chances, which are always bad; and, on the other hand, the great danger of laceration and fatal hæmorrhage from it is set aside, while a fertile source of sepsis is also avoided. Other methods are still mentioned in text-books: complete or partial separation of the placenta, rupture of the membranes, and plugging. Rupture of the membranes and evacuation of the liquor amnii is often impossible when the placenta is completely prævia; the other methods have no such brilliant results, and must predispose to sepsis by the fingering of the placental site, and the retention of clots near it which they entail.

In France the use of the plug still holds its own, and the statistics have certainly improved since the introduction of antiseptics. Still, it can show no results like the above, and should not, in our opinion, be the routine practice among medical men. It must, however, be remembered that placenta prævia is one of the conditions which midwives often have to treat, at least temporarily in the absence of the doctor, and that unless these cases are treated properly they die. It is obviously impossible to entrust midwives, on the other hand, with so delicate an operation as bipolar version. For midwives the best treatment will certainly be to plug tightly with antiseptic precautions, washing out the vagina, and plugging, if possible through a speculum, with cotton-wool or gauze rendered aseptic. There is nothing better for plugging than a bandage of corrosive sublimate gauze. The plug excites contractions, controls hæmorrhage to a considerable extent (for concealed hæmorrhage in placenta prævia is almost unknown), and preserves the membranes for turning by the accoucheur.

In summing up the question of treatment, it must be remembered that cases divide themselves into two principal classes: The first, in which the uterus, so to say, takes matters into its own hands and acts powerfully; in these cases, to temporise and assist labour, as by forceps or rupture of the membranes if they present, will often be sufficient. The second, in which the labour is disordered, the uterus demoralised, and, unless prompt and skilful help is at hand, the tendency is to rapid death. It is these cases, about which there should be no two minds with regard to treat-

ment, and it seems to be proved that it may be summed up as (*a*) bipolar version as early as possible, (*b*) extraction actually or practically left to nature.

There is yet a third class of cases—namely, that in which the patient is either moribund or in extreme and urgent peril from flooding, and in which forced delivery by manual dilatation affords the only chance. These cases are exceptional, and it is hardly necessary to add that the operation should be performed with all possible skill and gentleness.

There are several morals to be deduced from the history of placenta prævia. Firstly, the new is not always the true, nor the truth new. The latest improvement may be a retrograde movement, and the "greatest modern triumph" a thing of which the not remote future will be ashamed. We need not illustrate this maxim here; it is a text on which we have preached and shall preach again. To the reader we need only say, in the language of Sir CHRISTOPHER WREN'S epitaph (slightly altered) "Si documentum requiris, circumspice." The verdict of the day is often wrong; each must make up his mind as to what is bad and false and what is good and true. To follow fashion may entail forty (or twenty-two) years' wandering in the wilderness, till it takes a foreigner to conduct us into the promised land. Secondly, it seems possible that even the most intelligent foreigners may fail to understand plain English and decry a practice which they fail to comprehend. In this instance it took twenty-two years for them to comprehend it. Thirdly, English practice is not always the worst, even if unacceptable on the Continent.

It will be seen that the best modern practice agrees with Dr. BRAXTON HICKS'S recommendations in 1860, and that though some of the facts in the pathology of placenta prævia (such as the arrest of hæmorrhage after turning and before extraction) were unknown to him at that time, as well as to his contemporaries, his name deserves a prominent place in the history of the affection.

IT is important to study the charges made against members of our profession. They are bound in the very nature of their calling to place themselves often in difficult positions which can easily be misrepresented by little or unfriendly minds. Sometimes unreasonable duties are required of them and unfounded charges are brought against them. It is true that as soon as they get into an open Court and can challenge the judgment of a trained judge or an intelligent jury, their adversaries are generally discomfited and the case against them melts into very thin air; but, nevertheless, great injury is done to them, and no redress that law can give can repay them for the injury which law permits, and which perhaps it is not in the power of law to prevent. We have reports of two or three cases which painfully illustrate the injury which the law allows to be done to medical men even in cases where it vindicates their conduct and their honour.

In one case reported the doctor's name is not given, and he is very deeply involved. A working man, described as "respectable-looking," appeared before the Southwark police magistrate, Mr. HOSACK, to ask advice and assistance in the following circumstances. Three of his children were ill. One was affected in the thigh, another in the shoulder, and a third in the eye. He could not afford to pay for a medical man, and he sought Mr. HOSACK'S assistance to compel "the doctor to attend." The man was very much disappointed when told by Mr. HOSACK that he could not in any way help him. Probably the least respectable quality about this poor man was his intelligence. He seems to have mixed up very doubtful theories of his children's illness with equally absurd theories of the power of magistrates to compel medical attendance for nothing. His idea was that the children were suffering from small-pox brought through the doctor from children in an adjoining room. This individual's views of diagnosis are probably on a par with his legal views of medical duty, and need not detain us.

A more serious illustration of our complaint is to be found in the report of a case in the newspapers of Saturday last, in which a respected medical man, Mr. JOHN BROWN, of Battersea, appears as one of two co-respondents in a divorce case, the petitioner being Mr. JOSEPH CECIL LENNARD, a provision merchant. Mr. BROWN had an easy task in repelling the charges brought against him. He had been in frequent attendance on Mrs. LENNARD, whose father and mother he had known from the time of her childhood. He produced his books and a specimen of the very few letters he used to receive from her, which was of the most ordinary character, requesting him to call and see the little girl. He positively swore that he never had been guilty of any misconduct or familiarity with the lady. The accusation was made after Mr. BROWN'S account was sent in. Mrs. BROWN gave evidence for her husband, and said there never had been any secrecy about Mrs. LENNARD'S visits or notes to her husband. Sir JAMES HANNEN'S remarks were very good. He said he did not know anything more important or serious than the question whether or not a doctor had been guilty of misconduct with one of his patients. Though such misconduct is a serious offence, it was for the welfare of society and of the medical profession that the freedom which was allowed the profession should not be made the basis of accusations unless established by the clearest evidence. In this case there was no evidence of the slightest familiarity between Mr. BROWN and Mrs. LENNARD, and the jury, without retiring, negatived the allegation against Mr. BROWN, and the petition against him was dismissed with costs. This is the sort of case which harasses a medical man grievously, and to which every practitioner is daily liable at the hands of unprincipled or ungrateful people. It may be said the judgment is all right; costs are allowed, and no harm is done. But what costs—even if they are forthcoming—can repay a practitioner for the annoyance extending over months, of an unfounded charge like this? And if they are not forthcoming, what grievous pecuniary injury is added to mental torture. We admit cheerfully the disposition of judges and juries to protect the fair fame of medical men, and to recognise the delicacy of their position and their reputation. But something is still wanting for their protection against wanton and unreasonable patients. It is not enough that they should be acquitted of such charges. They should not be placed upon their trial without some *primâ facie* case against them other than appears in a case like the one on which we are commenting.

Yet another instance. Last week an action was brought

by a young lady against Mr. WILLIAM BEDELL BENISON, surgeon, of Moseley and King's Heath, near Birmingham, for alleged slander, the damages being laid at £500. The slander consisted in attributing some symptoms in the young lady to having contracted contagious disease from her betrothed, who for some time had laboured under a suspicious sore of the lip. Mr. BENISON had warned the young lady on this subject, and did not charge her with anything more culpable or criminal than having possibly been a party to a kiss, which the most severe young ladies, under such circumstances, might too readily allow. No fault was found with the opinion or treatment of Mr. BENISON for six months, and not then till his account was sent in, which included not only charges for attendance, but for kindly loans which he had granted in circumstances of exigency to the plaintiff's family. The jury, without much deliberation, gave a verdict for the defendant. Medicine is a profession so difficult, and its services are so valuable, that gratitude should cover even occasional errors or shortcomings of treatment. This is so with many patients. But how different here, where ordinary charges are disputed and become the occasion of litigation, which is expected at least to injure the medical man, even if he gains a verdict. We are not without hope that the very frequency of these cases will bring about some legal protection to medical men. Meantime the sympathy of the profession and of the public will be with those practitioners who in the very discharge of their duty and vindication of their rights incur the displeasure of unreasonable or unscrupulous patients.

THE subject of coma—a condition which is induced by so many and varied circumstances—has always been open to much speculation and discussion; but it has seldom received more apt and adequate treatment than Dr. MERCIER supplies in the January number of *Brain*. His paper is a thoroughly scientific exposition, and the conclusions at which he arrives are valuable both for their suggestiveness and for the light they throw upon the higher cerebral functions. He accepts, with one slight modification, Mr. SAVORY'S definition of coma, as a "state of insensibility from which the patient cannot be completely aroused, together with a tendency to death, chiefly by asphyxia"; the modification being the substitution of the phrase "evidence of defect of consciousness" for the term "insensibility," as being more correctly descriptive of a state in which it is impossible to determine whether or not consciousness is absolutely lost. He points out that the failure of respiratory power is due to the same condition of powerlessness and loss of muscular tone that pervade the whole organism in the comatose state. The skin is relaxed and flaccid, the pulse is full and soft, the bladder contracts sluggishly, the pupils may have lost all power of contraction, and all the limbs are paralysed, the muscles being quite flaccid. The comatose patient is not inert because he is unconscious, but because he is actually paralysed. Indeed the cardiac muscle alone does not share in this universal paresis. From this condition of complete coma to that pre-comatose period marked by the slightest mental confusion and bodily weakness there are all gradations—as may be seen, for example, in alcoholic poisoning, of which an excellent sketch is given. The phenomena of drunkenness in all its stages exhibit an unbroken chain of gradually deepening lesion of the higher cerebral functions, which enable us to trace the relations of the condition we call coma to the slight perturbations and deviations from the normal condition that mark the earliest changes due to the action of the poison on the brain. As Dr. HUGHLINGS JACKSON has pointed out, the paralysis is first that of a loss of movements rather than of motion; the more elaborate actions go before the coarser; the breathing fails before the heart, and the accessory parts of the breathing apparatus fail before the fundamental. It consists in "a long process of degradation, the last point of attack being the heart, and the penultimate the breathing." Incidentally Dr. MERCIER indicates a pathognomonic sign of true coma, which depends on this loss of muscular control, and that is the movement of the eyes independently of one another.

As with the bodily so with the mental functions. The progress of coma is marked in the one as in the other by a gradually increasing enfeeblement. At first there is difficulty in performing delicate mental operations, and then inability for any coherent thought, and, lastly, evidence of loss of consciousness; no response to impressions from without, no evidence of response to impressions from within. And this coincides with the relaxation of muscular tone, the ataxia passing into paralysis; so that the power to execute voluntary movement fails *pari passu* with the failing intelligence, and suggests overwhelmingly the inference that both mental and bodily defect are due to the same lesion. And, it is pointed out, the whole organism is affected—evidence again, that in the highest centres of the brain we have to do not with any specialised and circumscribed areas of "localisation," but with a region where the various parts of the body are all represented in some degree, the region of consciousness and of the organism as a whole. Dr. MERCIER implies that in the modern doctrine of "nerve centres" we run a risk of losing sight of this fact or principle, that the whole organism is represented, and therefore to a certain extent controlled and knit together through the highest nerve centres—a principle which is so clearly manifested in the phenomena of coma, and just as clearly in the phenomena of insanity. For insanity is linked with defects in the nutrition of the body; it runs its course, both as regards mental faculties and bodily functions, in the same direction and with the same pathological sequence as does coma, in which it often finally terminates. But if coma be a form of insanity it is a "fulminant" form; and if insanity be expressed in the terms of coma it would be that it is coma long drawn out. We are not aware that this ingenious parallel has ever been advanced before, but we cannot help being struck with its feasibility, and commend it to the attention of the alienist. The underlying principle in Dr. MERCIER'S argument is that the higher brain centres, where consciousness is aroused by impressions from within and without, and where the will is born of intelligence, and action expresses the response of the conscious will to the environment,—that there, where all the bodily functions must be represented, is the seat of the lesion that suddenly or gradually breaks the chain between the individual organism and its surroundings, and may profoundly affect those functions which, under the control of the nervous system, are essential to the

life of the organism. Possibly—nay, we might say probably—this region is conterminous only with the whole of the cerebral cortex; but this does not detract from the suggestiveness or truth of the proposition that "whether in origin, or in cause, or in termination, coma and insanity are pathologically and symptomatically identical, and the only important difference between them is the difference in duration." They each illustrate the law of Dissolution.

Annotations.

"Ne quid nimis."

THE REAL INTERPRETATION OF THE NEW ARMY WARRANT.

WHEN the Royal Warrant of January 1st was promulgated we took a considerable amount of trouble to ascertain whether it would affect the Medical Officers, and we came to the conclusion that, except as regards a step of honorary rank on retirement, it would not affect them in any way whatever. It would appear, however, that some other persons have arrived at a different opinion, and last week a medical contemporary published a leader denouncing the military authorities, and advising the professors and teachers in the medical schools to recommend their pupils to hold back from entering the Service. And upon what has this advice been founded? On the abolition of the word "relative" in describing the position of the medical officers in relation to the so-called combatant officers. But a careful examination of the Warrant satisfies us that nothing either injurious to the prospects or derogatory to the position of the officers of the medical staff is intended or effected by this change; for in paragraph 125*a* it is distinctly laid down that "officers of departments of our army, not having honorary rank, shall rank as follows for purposes of precedence, pensions for wounds, pensions to widows, and compassionate allowances to children: With Major-General, Director-General Army Medical Department, and surgeon-general; with colonel, deputy surgeon-general; with lieutenant-colonel, brigade-surgeon, surgeon-major after twenty-years' service, or under twenty years' service if promoted for distinguished service in the field; with major, surgeon-major under twenty years' service, if not promoted for distinguished service in the field; with captain, surgeon; with lieutenant, surgeon on probation." If to rank with certain grades of officers be not relative rank, though the adjective is not employed, we confess that we do not know what is; they are, in fact, synonymous. The term "relative rank" was dropped, we believe, because it was found to operate unjustly in certain cases among the combatant officers, but it can have no effect upon the medical staff, whose position will in no way be altered by the change of terms. The status of medical officers is assured to them by their respective commissions and the Royal Warrants. They have never had commissions conferring on them military rank, but their title to take rank with the different military grades is conferred on and secured to them by the Warrants. We cannot but regret that such a recommendation as the one we have alluded to should be made, when careful inquiry and a study of the Warrant itself would have shown that the grounds on which it is based were wholly misconceived. We trust the professors and teachers of the medical schools will investigate this matter for themselves. We claim to have fought the battle of the medical department when it was unjustly treated, and we are quite prepared to do so again should occasion arise. But we are satisfied that there is nothing in this Warrant detrimental to the best interests of the medical officers.

TEACHING UNIVERSITY FOR LONDON.

THE report of Lord Justice Fry's Committee will be presented to the Senate of the University of London at an early date, and will then be referred to Convocation at the annual meeting in May, unless a special meeting be summoned. The reforms which will be recommended will probably include the direct representation of University and King's Colleges on the Senate, boards of studies composed of teachers and former examiners, and an increased representation of Convocation. None of these changes have a direct bearing on the organisation of teaching in London for London students only; for the present University must consider its candidates throughout the country, indeed throughout the empire. It can hardly be expected to meet the demands of those who are promoting a teaching university for London. We understand that the Councils of University and King's Colleges will have brought before them for consideration a proposal that they should unite to form Arts and Science Faculties, and should take means to approach the Royal Colleges as the Faculty of Medicine, so that they may apply to the Crown conjointly for a Charter. If power be reserved for the admission of further suitable institutions, the views of those who prefer an academical to a professional degree will be carried out.

METSCHNIKOFF ON PHAGOCYTES.

THE suggestive doctrine that cells and bacteria are opposed to one another in a struggle for existence within the body based upon the remarkable property possessed by leucocytes of devouring foreign material in contact with them, and employed to explain the phenomena of inflammation, the formation of giant cells, and of specific neoplasms, as well as to account for immunity after inoculation, has been criticised on the one hand and staunchly supported on the other. Professor Metschnikoff—whose beautiful researches upon the behaviour of the cells of Daphnia to the spore disease that attacks this entomostracous organism formed the basis of this doctrine—returns to the subject in the last issue of Virchow's *Archiv* (Band 107, Heft 2) in an article upon the "strife between cells and the cocci of erysipelas." He declares that Fehleisen's observations upon the minute anatomy of cutaneous erysipelas harmonise with the theory of phagocytes. The spreading margin of an erysipelatous patch can be differentiated into three zones: a peripheral, in which the lymphatic spaces are filled with the streptococcus in a state of active growth; a middle, exhibiting inflammatory reaction in abundance of leucocytes between the masses of cocci; and an internal, in which cocci are conspicuous by their absence. Metschnikoff examined several cases: some fatal; others, which recovered, with the view of testing the truth of his surmise that recovery from erysipelas is due to the destruction of the microbe by the phagocyte. In the one case, of fatal gangrenous erysipelas, he found a few disintegrating leucocytes, and an abundance of cocci; in the other, where recovery took place, leucocytes were seen filled with cocci or their débris; and transitional states could be traced between these extremes in specimens derived from other cases. The inference he gathers is that in the fatal cases the streptococci gain the mastery from defective inflammatory reaction. Besides the small free leucocyte, he assigns similar properties to larger cells, derived from the fixed connective tissue elements in the subcutaneous tissue. The former he terms *microphagi*, the latter *macrophagi*, and he notes an important difference in the function of these two elements. In the subcutaneous tissue in erysipelas he finds macrophagi which do not consume the micrococci. That office is confined to the microphagi, whereas it appears to be the duty of the larger elements to consume the débris of the dead and dying leucocytes. The macrophagi therefore perform the useful

function of clearing the battle-field of the slain leucocytes; and they therefore increase in size and number in proportion as the strife between the microphagi and streptococci diminishes. It reads almost like a romance, this account of the mimic warfare carried on to the death between the invading microbe and the defending leucocyte; and yet the phenomena of local infection, inflammatory reaction, resolution, and absorption of the inflammatory products, can all be expressed in the terms of streptococcus, microphage, and macrophage. Other factors, it is admitted, may be at work—such as pyrexia—but Professor Metschnikoff holds to the foregoing as a most probable explanation of the local phenomena. In asserting this, he has to meet the arguments adduced by Baumgarten and others, especially with reference to the fact that in many infective diseases bacteria are found within leucocytes without any variation from the fatality exhibited, and also the fact that experimental injections into the blood of bacteria do not lead to the consumption of the latter by phagocytes. However, he meets these and other objections, and declares that Cohnheim's dictum "no inflammation without bloodvessels" must be changed into "no inflammation without phagocytes." The doctrine is attractive, and is deserving of further study; but it cannot be said to be established, or as yet far removed from the stage of probability.

THE PORT OF LONDON.

IN his report for the second half of 1886 Dr. Collingridge is able to show an exceptionally clean bill of health as regards shipping entering the port of London, and also an excellent amount of work, often involving structural alterations, which tends to a steady improvement in the sanitary state of the vessels. The metropolitan sewage question still causes much difficulty, for though the precipitation process now being experimented with appears to answer fairly well in cold weather, when the nuisance is always at a minimum, yet when hot weather supervenes the stench and inconvenience are as great as ever. The regulations now in force as to the disinfection of the clothing of seamen who have died abroad of infectious diseases are fully answering their purpose, and in this way another source of danger to the country has been successfully dealt with. Only one cholera-infected vessel entered the port during the year. This was the *Rialto*, which arrived at Gravesend on November 4th, having had three deaths from cholera and one from dysentery on board, the cholera deaths occurring from four to eight days after leaving Calcutta. All the crew being found on examination to be healthy, the vessel, after certain precautionary measures, was given free pratique. Inspection of canal boats is carefully carried out, and already these boats are found to carry fewer persons on board than they are certified for. The port sanitary hospital was successfully used during the half-year for the isolation of cases of infectious disease found in the port.

INHERITED PHTHISIS.

PROFESSOR FIRKET (*Revue de Méd.*, Jan. 1887), writing upon the subject of heredity in tuberculosis, points out certain difficulties in the acceptance of the doctrine of direct transmission from parent to offspring. Such transmission may conceivably take place before conception, the tubercular bacilli being associated with the sperm or germ—a purely hypothetical idea—or through the medium of the placenta, and therefore solely by the maternal blood. He contends that there is not such positive proof of infection of the maternal blood, and thereby of transmission of disease to the fœtus in the case of tuberculosis, as there is in anthrax or syphilis, or variola and other affections. Moreover, he shows that in ordinary phthisis fully one-half of the cases do not exhibit, in the presence of remote secondary lesions, evidence of blood infection. It is for the most part a local disease of the lung, and such secondary lesions as do occur may be explained in many cases apart from general blood contamination. How different, it may be said, from the old notion of phthisis! But the fact of the lung being the primary seat of tubercular disease in inherited cases is almost conclusive against the congenital theory; for if the fœtus were infected through the blood, the chances are that the lungs would not suffer more than any other organ.

THE METROPOLITAN ASYLUMS BOARD.

THE managers of the Asylums Board had under their consideration on Saturday a proposal of the General Purposes Committee to make the services of their principal officers available at any infectious establishment under the managers' control. This is obviously required in the interests of the public service, for the experience of past years has amply shown the necessity for the managers to possess the power of utilising the services of their officers in such manner as the requirements of the moment may dictate. It was resolved that the Local Government Board should be requested to make an amending order for this purpose. The change will doubtless cause expense and inconvenience to some of the older officers, but this point will, we trust, meet with consideration at the hands of the Metropolitan Asylums Board, and we shall gladly see the officers manifest a readiness to comply with a change which is needed to enable the Board more efficiently to perform their duties. A second and more important point is embodied in the report of the same committee, who recommend that application be made to the Local Government Board to obtain authority for the managers to remove, at the request of duly qualified registered medical practitioners, all persons, whether paupers or not, who suffer from fever or small-pox who desire such removal. Sir Edmund Currie moved the adoption of this recommendation, which was agreed to unanimously, and which we trust will meet with the approval of the Local Government Board. There is no reason why the admirable ambulance service of the Metropolitan Asylums Board should not be made available for the use of the general public.

THE MEDICAL PROFESSION AND THE CENTENARY OF THE UNITED STATES.

THE *Journal of the American Medical Association* points out an interesting coincidence—viz., that the International Medical Congress at Washington will be held in the very month which will mark the centenary of the present constitution of the government of the United States. The journal suggests for answer the following question—What progress has medicine and medical organisation made under such a form of government? It suggests part of the reply. When the century began there was but one organised medical college in actual operation in the entire country, having much less than a hundred students and granting less than a dozen diplomas annually. State medical societies existed only in New Jersey and Massachusetts, and there was not a single medical periodical. Such was the state of matters in 1777. But in the present year there are more than 100 organised medical colleges, educating over 10,000 students, and granting 3000 or 4000 medical diplomas annually. There are active State medical societies in every State and inhabited territory, all represented in one National Association, and 100 medical periodicals. This is a great growth, and one on the whole greatly creditable to the States. No doubt, according to our standard, the growth seems excessive and uncontrolled. There are too many colleges, and they give

too many diplomas—that is, the colleges give the diplomas too easily. But in a young democracy one man is apt to consider himself as good as another, and it is at any rate something to have it recognised that men must undergo systematic education and have their education tested. Law and public intelligence will still further define the tests to be applied in the interest of the health of the people, which is only another word for the good of the Republic.

HEALTH-SEEKERS ABROAD.

IF it be the fact, as many—Professor Huxley among other philosophic scientists—think, that earthquakes are caused rather by the shrinking of the earth's crust upon the cooling mass within, than by special convulsions set up by the sudden inrush of water through fissures into the midst of subterranean fires, it is inevitable that these phenomena should recur with certain intervals, and, which is more to the point, it is at least probable that the first crack will be followed by others, while it can be by no means certain that subsidence will not follow either suddenly or gradually upon any contraction so considerable as to cause an extensive disturbance of the surface. If the shaking, and perhaps rupture, of the outer crust were simply due to an accidental outburst of steam among the lower strata, there would be nothing to say except that what has occurred once may of course occur again; but if progressive shrinking is taking place, it can scarcely happen that a crust which is anything but homogeneous should not break away and fall in as it contracts. We know that the whole of the Riviera consists of a thin crust resting almost loosely on an irregular bed of rocks; and it is reasonable to anticipate that, while from time to time there will be earthquakes in that region, sooner or later great and widespread settlings will be effected, with more or less damage to the structures on the surface. These are the probabilities, and it is desirable that they should be recognised by those who frequent the health-resorts of the district, and particularly by those who build houses for their own occupation or the use of visitors. We are by no means sure that the very solid edifices extolled and desired in the districts recently disturbed are really the most suitable. It is quite true that the stronger buildings have escaped serious damage in certain localities, but this is perhaps more directly due to their position than to the resisting power of the structures themselves, or of the materials employed. It is not probable that any erection could offer greater resistance than the rocks, which have in some places been disturbed. Prudence would point to the expediency of constructing houses in the Riviera so that they shall rest upon the ground, rather than form part of it, and be self-contained in their stability. We fear it must be assumed that this district will henceforward need to be regarded as one in which movements of the earth's crust, and probably subsidences, are likely to occur. The fate of those who have visited the Riviera in search of health and had their nerves tried by the shock of these recent earthquakes is greatly to be commiserated. As regards the danger to life and limb actually involved, calculated on the bases of accident all the world over, the risk has not been much greater than that which would have been incurred elsewhere, whether on land or by sea; but there can be no question that the nervous shock has been considerable, and, although the Riviera cannot be correctly classed as a distinctly "volcanic" district it is a question whether it ought not to be considered an unsuitable place of residence or prolonged sojourn for those who are easily impressed or excitable. If the immediate effect of the experience of the last few weeks should be to make health-seekers and their advisers think more of the almost inexhaustible varieties of climate, atmosphere, and surroundings generally, which are obtainable within the boundaries of the United Kingdom, good may come out of evil. It is much to be regretted, we think, that the resources of Ireland, Scotland, and Wales, with the various well-known, and less well-known, parts of England itself, should be so persistently neglected as they are for health-resorts abroad, which are neither so salubrious, nor, but for the false glamour thrown over them, so attractive. It must be confessed that the medical profession has much to answer for on this score. To the recommendation of English physicians these continental resorts mainly owe their reputation. Let us turn our attention to the development of home resources, and our patients will be not less benefited, and decidedly exposed to fewer perils.

THE RIVER LEA.

LAST week an important conference was held at the Hackney Town Hall to consider the steps which should be taken to secure the future preservation of the purity of the river Lea. It will be recollected that the Act of Parliament which was procured as a temporary measure will shortly expire, and we may anticipate that the Lea will revert to its former condition, unless means be taken to prevent sewage effluents draining into it. The adoption of a scheme for the drainage of the whole valley of the Lea is the only effectual method of disposing of this question, but the cost will no doubt be considerable. Sir Guyer Hunter pointed out that it was necessary that delegates from each authority concerned should meet together, and determine the best method of dealing with the subject, and finally a resolution was passed calling upon the local authorities to appoint a joint committee with a view to preparing evidence to submit to a Committee of the House of Commons.

MORE MIND, MORE MADNESS.

IT is in no way surprising that insanity should seem to increase in races or classes which are being intellectually stimulated by education. There is always in every community a proportion of brains which, being brought into action, will break down. This proportion doubtless diminishes as the community is elevated, and in a very few generations the result of culture may—probably will—be to develop a better stock, looking upon the people as a whole; but at the outset of the educationary process, and in the generation first taught, the immediate result must be a considerable number of wreckings. This general principle is applicable to all races, peoples, and classes, and it explains why the first effect of trying to elevate the negroes has been to produce an apparent increase of insanity among them.

THE PREVENTION OF ANTHRAX.

THE recognition of the danger of contagion in anthrax has at length been officially made by the Agricultural Department of the Privy Council Office, in a notice just issued upon the danger of handling carcases of animals dead of anthrax. The notice is brief and to the point. It cites the fact that "several cases of serious and sometimes of fatal infection have occurred in persons who have been employed in cutting up carcases of animals dead of anthrax, and it is important that the public should be made aware of this source of danger to human life." The notice goes on to warn any person having abrasions, however slight, on their hands or arms from handling any carcases of animals which have been the subjects of this disease, or of "dealing with fodder, litter, manure, or other things which may be contaminated with the blood of diseased animals"; and it concludes with the recommendation that such carcases "should be buried entire, without being skinned or cut, and be well covered with quicklime and not less than six feet of earth.

We trust that this advice will be widely followed, and that, as a result, we may hear less of cases of this highly malignant disease among the members of the community who have to do with animals liable to infection. There is no reason why, with suitable precautions, a disease the nature of which is so fully known should ever be allowed to be transmitted to human beings.

THE LATE PROFESSOR SCHROEDER.

AT the opening of the sitting of the Berlin Medical Society on the 9th February, the President, Professor Virchow, alluded to the loss sustained by the University and the Medical and Gynæcological Societies. In compliance with the wish of members, he gave details of the post-mortem examination, which showed that death had been caused by the rupture into the lateral ventricle of an abscess situated in the white substance of the brain near the posterior part of the fornix. The abscess was old and encapsuled, and the pus within the ventricle was enclosed within a fibrinous layer, which formed a membrane at first sight resembling a hydatid. The right thalamus was completely flattened by this. Between the root of the right lung and its base there was a mass of tough fibrous tissue enclosing a small pus-containing cavity which communicated by a narrow channel with the œsophagus. There were also scattered foci within the fibrous mass, one of which contained much pigment and cholesterine—a kind of focus, Professor Virchow observed, which he had never before met with in similar conditions. The lungs were perfectly normal and free from adhesions. There was no trace of tubercle. The cause of the cerebral abscess was difficult to solve. Five years ago Schroeder had a severe illness, which he attributed to septic infection leading to conjunctivitis and pneumonia. He himself thought the conjunctivitis was diphtheritic, but Professor Schweigger did not take that view, and it is scarcely conceivable that any connexion existed between the conjunctivitis and the abscess. It is possible that the old lesion in the mediastinum might have been the starting-point of the cerebral abscess, the contents of which indicated that it could hardly have existed for more than a year.

NEW TREATMENT FOR PHTHISIS.

A NEW method of treating phthisis has been proposed, but apparently as yet but slightly tried, by Professor Kremianski, who read a paper on the subject at the recent Moscow Medical Congress, which provoked a good deal of discussion. The idea is based, firstly, on the fatal effect of the most dilute solution of aniline on Koch's bacillus, and, secondly, on the fact that aniline seems to be but slightly, if at all, poisonous to the human body. Professor Kremianski proposes to introduce aniline into the lungs, and, indeed, the circulation generally, by inhalation, so that the phthisis bacilli should be bathed in a very dilute solution of aniline, wherever they may be. This, he thinks, would kill them, and render even pulmonary cavities free from bacilli, so bringing them into the condition of healthy granulating ulcers, which may be expected to cicatrise. A committee has been appointed, including Professors Subbotin and Ostroumoff, who expressed themselves at the meeting as strongly opposed to the plan, for the purpose of observing Professor Kremianski's proposed experiments in one of the Moscow hospitals. Two cases in which the aniline treatment had been successfully tried were detailed. A lad of eighteen, who had undoubted phthisis, was ordered a four-drop dose of aniline (but took by mistake three times the proper quantity) combined with nux vomica, mint water, and antifebrin, his diet being good, including dried meat, kvas, and oranges. He was also given inhalations of atomised aniline. A remarkable change took place almost immediately, all the râles disappearing; his temperature, respiration, and pulse becoming normal. His skin, however, assumed a slightly blue tinge, but whether this was as permanent as the cure is represented to have been is not stated. The second case was a complicated one, there being tubercular peritonitis and meningitis, together with typhoid fever, present at the same time as pulmonary phthisis. Aniline inhalations, washing out the pulmonary cavities with corrosive sublimate and antifebrin, were employed, together with a special acid diet, as in the other case. Here, too, the results are said to have been remarkably good, the bacilli disappearing from the sputum, and the patient regaining his health entirely. No mention is made in the abstract published by the *Vrach* of any change of colour in this patient's skin. Amongst the various replies that were made to Professor Kremianski, Dr. Zakrzhevski, of Helsingfors, remarked that, admitting the facts as stated, still there was nothing to show that the aniline had been the cause of the cures. He himself had had surprisingly good results in phthisical cases, the disease becoming completely arrested by simply giving increased nourishment and prescribing antipyrin.

CHOLERA INTELLIGENCE.

THE announcement which has been received through the Colonial Office, to the effect that vessels are not admitted into Malta from Sicily on account of the occurrence of cholera at Catania, reminds us again that the seeds of this disease still lie scattered about in different parts of Europe. Catania is a very ancient town on the east coast of Sicily at the foot of the most southern offsets of Etna, and has a population of some 60,000. As a port its trade is not what it formerly was, owing to the obstruction offered to the entrance of vessels by remains of lava floods; but it ranks as one of the foremost cities in the island, and the possibility of extension of cholera in it must be viewed with considerable apprehension. No further news has been received as to cholera in Hungary, but the absence of news, for even long periods, has been shown on former occasions not to indicate absence of the disease. The news from South America is also very intermitting, but the disease is still prevalent from the neighbourhood of the River Plate on the east to the coast of Chili on the west.

THE HOME FOR LOST DOGS AND HYDROPHOBIA.

THE annual meeting of the Temporary Home for Lost and Starving Dogs, Battersea, was held on Feb. 28th at Jermyn-street, the Earl of Onslow in the chair. In the course of his remarks, when moving the adoption of the report, the chairman said:—

"The effect of the restrictions had been to sweep away from the streets of London a very large number of homeless curs, but how had it affected the terrible disease of rabies and hydrophobia? He ventured to say that, although the returns showed that in London rabies had been almost annihilated, the mere precaution of ordering that dogs within a certain given area should be muzzled was not in itself sufficient to stamp out the disease. The only way would be to treat rabies somewhat in the same manner as the Privy Council treated other infectious diseases affecting animals and to proscribe certain circles in which the infection existed, forbidding that migration in or out of such circles should take place without the permission of a properly constituted authority."

These remarks were received with cheers and, coming from one who is well known to be personally interested in many ways in dogs, will, we trust, calm the hypersensitive feelings of some dog-owners, who seem to regard hydrophobia as, if not a myth, a muzzle-created and artificially induced disease. We give every credit to them for

their affection for our four-footed companions, of which we cannot, however, allow them the monopoly; but when a most terrible disease can be stamped out by restrictive measures, sentiment must not be permitted to run riot. We trust the Dog's Home will meet with the support it undeniably deserves.

CATALEPSY IN A MOTHER AND CHILD.

DR. VAN SCHOOT discusses in a Dutch medical journal a case of convulsive seizures of a peculiar kind in a woman in the seventh month of pregnancy. When he first saw her she was motionless, her face being cyanotic, but her temperature, respiration, and pulse normal. She was quite unconscious, and the slightly dilated pupils did not react to light. The arms were flexed at right angles, requiring some force to move the forearms. By means of chloroform all the contracted muscles relaxed, and some hours' sleep was obtained. Afterwards she remembered nothing of the fit, but she stated that all movements of the fœtus seemed to have ceased, and no heart sounds could be detected. These attacks were repeated frequently for a fortnight, the urine being quite normal all the time. Large doses of bromide were given without effect, but some amelioration was produced by sulphate of atropine. Latterly the attacks were associated with considerable movements of the abdominal muscles. Some temporary benefit was obtained by subcutaneous injections of pilocarpine. At the conclusion of a fortnight from the first attack labour came on, a female child being born alive, which, however, died in a week's time, after repeated convulsions similar to those affecting the mother. The mother had no attack till the fifth day (the same day that the child's first attack occurred). After this there was only one more attack two days later, complete recovery ultimately taking place. The author, referring to the diagnosis, is disposed to exclude eclampsia, because, although there were clonic contractions of the abdominal muscles, the main spasm—indeed, at first the only kind of spasm—was tonic. The entire absence of albuminuria, too, tends to exclude eclampsia. Again, epilepsy may be excluded, as after the tonic no clonic spasms occurred, and as the limbs remained fixed in a certain position for one or two hours. He therefore considers that the attacks were of a cataleptic nature, both in the mother and child.

POISONOUS CHEESE.

IN this country cases of cheese-poisoning are rare, and in France, where cheese is largely consumed, they are all but unknown. But, according to Dr. Victor C. Vaughan, of the Michagan State Board of Health, the annual number of such instances in the United States must be several hundred, if it does not reach a thousand. In Germany cheese-poisoning is also frequent. The symptoms generally include dryness of the throat, nausea, vomiting, diarrhœa, nervous prostration, headache, and sometimes double vision. As a rule, recovery takes place. Recently Dr. Vaughan has given a good deal of attention to discovering the cause of cheese-poisoning, and he has received help from the manufacturers whose produce has brought about symptoms of poisoning. Amongst the manufacturers there would appear to be entire ignorance as to the cause, and such suggestions as they have been able to make, including the consumption by the cows of poisonous plants, are not borne out on investigation. From the freshly cut surface of poisonous cheeses there exude, as a rule, drops of a watery, slightly opalescent fluid, which have been found to redden blue litmus paper instantly and intensely; and Dr. Vaughan is of opinion that this should always be regarded as an element of suspicion in a cheese. Micrococci are also found in the fluid in question; but, according to Dr. Sternberg, there is as yet no evidence that these micrococci are directly related to the poisonous properties of the cheese. There are, however, substantial grounds for believing that the poison is a chemical one, and it is by no means impossible that it may be generated by bacterial growth. Dr. Vaughan, in making and drying an alcoholic extract of poisonous cheese, procured a residue consisting of a fatty mass, which, on being eaten by himself, produced symptoms closely allied to those above described; but the poison itself was not sufficiently eliminated. The best results were obtained by rendering an aqueous extract of the cheese alkaline with potassium hydrate, then extracting with ether; needle-shaped crystals being ultimately separated. On placing a small piece of one of these on the end of the tongue, a sharp burning sensation, together with a sense of sickening, was soon followed by dryness and constriction. A drop of the fluid from which the crystals were ultimately extracted produced, in addition, griping pains in the bowels, followed by one or more diarrhœal discharges. Ultimate analysis of the poison has not yet been practicable, owing to the difficulty of procuring it in sufficient amount. But Dr. Vaughan places it, for the moment, amongst the ptomaines which originate in organic substances undergoing putrefactive changes. As the putrefactive changes in the milk are due to the growth of minute organisms, the introduction of these organisms into the milk may lead to the formation of the ptomaine. The practical suggestions which, so far, are the outcome of Dr. Vaughan's investigation are, firstly, more care in the inspection and cleansing of the milk-cans used in the manufacture of cheese; and, secondly, increased care as to the cows themselves, and this because where cows are kept in filthy stalls their milk is the more likely to undergo speedy putrefaction.

MEDICAL ATTENDANCE ORGANISATION COMMITTEE.

THE fortnightly meetings of this committee continue, and the reports sent us show that the committee has a good grasp of the principal questions involved in any settlement of this complicated question. Sir Spencer Wells has presided at every meeting but the last, and shown as much interest in the matter as if his future prospects were bound up with the movement. The committee have decided on a wage limit, and at the following rates of charge: single persons, male or female, are to pay 6*d.* a month; man and wife without children, 1*s.* per month; man and wife and one child, 1*s.* per month; other children, 3*d.* per month each, not charging for more than four children in one family, making the maximum rate 1*s.* 10*d.* per month. It is clear, as the committee perceives, that the rates must be such as to secure reasonable payment for the medical men. The charges for children are important, for attendance on children will be a large part of the work of such a scheme. At the next meeting the question to be considered will be entrance fees, midwifery, and special rates for sick persons joining.

JEQUIRITY.

MM. HECKEL and SCHLAGDENHAUFFEN arrive at the following conclusions as to the nature of true and false jequirity (a full account of their researches is published in *Der Fortschritt*, Nos. 3 and 4):—That false jequirity (Adenanthera pavonina) does not contain the phlogogenic principle; that the latter exists neither in the peeled seed, nor in the alkaloid, nor in the glucoside; that the testa contains a yellow colouring matter, soluble in water, but which can only be discovered after maceration of the previously bruised seeds; that true jequirity contains—besides the jequiritine discovered by Bruylants and Vennemann—a neutral principle, abrine, distinct from gallic acid and the

two colouring matters; that the chemical composition of the true and the false is completely dissimilar, although the two seeds are closely allied botanically; that the bacillary elements furnished by the maceration of either seed are absolutely identical; that the true jequirity only possesses the power of inducing inflammation, which must be dependent on the chemical composition; that the seed of false jequirity, being clearly distinguishable both by its external configuration and internal structure, ought not to be substituted for the true jequirity.

THE TYNE PORT.

IN the Tyne port nine infectious cases were received into the floating hospital during 1886, and the regulations as to the compulsory notification by ship-masters of all such cases is working well. No less than 596 vessels were boarded in the port on account of coming from cholera-infected or suspected ports, and 119 vessels reached the Tyne direct from Bilbao. In the current work of the port we find that 14,080 inspections of vessels were made, and in 651 cases notices as to nuisances were served, structural alterations being required in 61 cases. This work is effecting great good, and Mr. Henry Armstrong is already able to report that great improvement is noticeable both in the cleanliness and in the crew spaces of the vessels examined. With the increasing work of port administration, the old floating hospital was found to be insufficient, and it is satisfactory to report that an excellent and typical floating establishment, consisting of three separate ward pavilions built on cylindrical iron pontoons, was launched during the year. The administrative arrangements are separate, and these are now undergoing improvement. The Tyne port authority has long been carrying out excellent work, and this year's record affords another proof of the maintained interest in the healthiness of shipping and seamen.

TEMPERANCE IN THE NAVY.

AT a meeting presided over by Archdeacon Farrar, a satisfactory account of the progress of temperance in the Navy, especially under the auspices of Miss Weston, was given. Miss Weston said there were over 10,000 abstainers in the Navy, including 200 officers, and that half the boys in the training service were teetotalers. Mr. Caine said that, when Civil Lord of the Admiralty, he was helped and complimented by the admirals for his attempts to favour substitutes for sailors' grog. It must be admitted that poor Jack needs all the help he can from high officials and kindly people like Miss Weston. Too often his case is, as the poet has it,

> "Saved from the sea,
> And shipwrecked on the land."

THE BRADFORD FEVER HOSPITAL.

THE Bradford Corporation have at last decided to purchase for a sum of £10,000 the Bradford Fever Hospital, which it originally cost £30,000 to erect. One point which seems to have led to the final decision was the necessity of providing a small-pox hospital, and it will certainly be easier for the Corporation to isolate that disease on a site which has often received small-pox cases before than to establish a new small-pox hospital elsewhere. The Bradford Fever Hospital has, in the hands of its Board of Management, done admirable work up to the present time, and those who have been responsible for its working deserve a tribute of praise for their past labours in preventing the spread of infection in and about Bradford. Last year alone no less than 726 cases were admitted, 625 of these being cases of scarlatina. The death-rate for the year was 5·37 per cent., or the lowest on record. The hospital premises lie on the outskirts of the borough, and occupy an area of nearly eight acres in extent.

PREGNANCY IN AN IMPERFECTLY CANALISED UTERINE CORNU.

DR. NETZEL mentions, in a Scandinavian journal, a rare case of pregnancy occurring in the imperfectly canalised half of a bicornate uterus. The movements of the child had ceased in the thirty-third week of conception, and from that time the woman became thin and felt ill. Five months later Dr. Netzel was called in; the diagnosis was uncertain. He could not find anything corresponding to an extra-uterine pregnancy, and it was clearly not a normal intra-uterine one. He performed laparotomy, and thus discovered that conception had taken place in the right half of a bicornate uterus. An elastic ligature was applied round the base of the tumour. The uterus was opened and a macerated fœtus extracted. The half of the uterus was amputated with the tube and ovary. All went well until a month after the operation, when an abscess formed in the cicatrix of the abdominal wound, which was followed by a fistula. A quantity of silk and elastic ligatures came away a month later, and the woman ultimately recovered completely. Dr. Netzel thinks the rarity of such cases causes them to be confounded with extra-uterine pregnancies, and with the "missed labours" of English obstetricians. He is of opinion that a more frequent resort to laparotomy would be of much service in throwing light on the subject. He mentions eight more or less doubtful cases as occurring in literature, including one reported by Dr. Keith of Edinburgh.

QUEEN'S COLLEGE (BIRMINGHAM) MEDICAL SOCIETY.

THIS Society celebrated its hundredth general meeting on Wednesday, Feb. 23rd. Sir Walter Foster is almost ubiquitous, for the records of the Medical Council show that on that day he was present at its discussions. Nevertheless, he was the orator of the hundredth meeting at Birmingham, and spoke well on the advantages of the Society as tending to cause improvements in their way of thinking, in their power of speaking, and in their power of action. He referred with pride to the eloquence associated with Birmingham, and made allusion, fit and graceful, to this quality in two much-respected, and, alas, now much-missed, Birmingham men, Dr. Heslop and Mr. Sampson Gamgee. He described to the Society the position of the medical bodies in England and Ireland, and the efforts of the Medical Council towards inducing the Colleges to combine with the Apothecaries in Ireland and England, and so realise to some extent the one-portal for which the profession has long wished.

E. W. ALABONE.

WE observed with much regret in the columns of the *Illustrated London News* of last week an announcement respecting Mr. Edwin William Alabone, whose name was removed from the *Medical Register* in November, 1886. We are, however, authorised by our respected contemporary to state that the announcement "was inserted inadvertently as an advertisement, and came through an advertisement agent." An intimation to this effect will, we are informed, appear in the *Illustrated London News* of this day.

THE PERILS OF FOOTBALL.

THE great winter game of football continues to manifest its claims upon the services of medical men, and also, alas, of coroners. It is most regrettable that a pastime good and useful in many ways, and popular beyond all cavil, should be apparently incapable of reasonable reform. Yet another death is recorded. An inquest was held at Manchester last week on a young man named Makin, who met with fatal injuries in a football match. Deceased was playing in a Rugby

game, when he ran against another player and was accidentally struck in the abdomen. He fell unconscious, and died two days later. The coroner commented on the rough character of the game, and warned players that they ran great risk of being charged with manslaughter. A verdict of accidental death was returned. The coroner is to be commended for his outspoken and very necessary comments, which should be taken to heart and acted upon, not only by individual players, but also by the authorities of the Rugby Union and the Football Association.

THE VOLUNTEER MEDICAL STAFF CORPS.

THE first presentation of prizes in connexion with the London Division of this important corps, which is largely composed of medical students, was held at the St. James's Restaurant on Friday, February 25th. The prizes were given by Lady Crawford. Sir Thomas Crawford, K.C.B., Director-General of the Army Medical Department, General Freemantle, and other distinguished visitors, were present. In the evening Sir Thomas Crawford presided over the dinner given by the officers of the corps, at which several well-known members of the profession were present, the civil element being well represented. After the staff had dined, a visit was paid by them to the non-commissioned officers' mess in another part of the building, and the manner in which they were received was evidence of the excellent feeling which exists in the corps. Much credit is due to Surgeon-Commandant Cantlie and Surgeon Lees Hall, A.M.D., for their excellent arrangements.

TESTIMONIAL TO PROFESSOR AITKEN.

IT is proposed in recognition of the great service rendered by Professor Aitken, F.R.S., to his profession generally, and to the medical officers of the Army, Navy, and Her Majesty's Indian Army, by his writings on medicine and his teaching in the Army Medical School, and in admiration of his high personal character in public and private life, to invite him to sit for his portrait, to be placed at Netley, the scene of his labours, and the home of the school with which his name has been honourably associated from its foundation. An influential committee has been formed to carry out this scheme, and numerous subscriptions, which are limited to one guinea, have already been promised. The honorary secretary and treasurer of the fund is Surgeon-General W. Campbell Maclean, M.D., C.B., 28, Carlton-crescent, Southampton, to whom subscriptions and promises of support may be sent.

INTRA-OCULAR CYSTICERCUS.

DR. VAN DER LAAN, writing in a Lisbon journal, gives an account of an ophthalmic case which puzzled him for some time. A man had been suffering from inflammation in the left eye for about a year. On examination there were found serous irido-choroiditis, almost entire loss of vision, opacity of cornea, and increased intra-ocular tension. Several times paracentesis was performed with some benefit. Iridectomy being refused, mercurials and purgatives were given for twelve months, during which time considerable improvement had taken place, ultimately permitting an ophthalmoscopical examination to be made. The retina was seen to bulge forward in one spot, where it was of a yellowish white, the prominence increasing as time went on. It was observed that its form varied, being oblong and round by turns; the patient also said that he sometimes felt something moving in his eye. He then remembered that, when two years previously he had consulted a country practitioner, he had stated that he could "detect an organism, possibly the ovum of a tænia," a diagnosis which now proved to be correct. Dr. Van der Laan has published descriptions of the only two other cases of intra-ocular cysticerci he has seen in Portugal, which in many points differed from this case. He does not propose to operate until the cysticercus has succeeded in perforating the retina and thrusting its head and neck into the vitreous, when he hopes by means of a sclero-choroidal incision to free the patient from his parasite and to preserve the sight of the eye.

DEGREES FOR LONDON MEDICAL STUDENTS.

ON Friday, Feb. 18th, the London Hospital students held a mass meeting in the Anatomical Theatre to discuss the M.D. scheme for London students. Dr. Langdon Down took the chair, and was supported by Mr. F. Treves, Dr. Francis Warner, Mr. Munro Scott (Warden), and Mr. H. G. Lys. Mr. F. Treves proposed, and Mr. J. Moore seconded, a motion, "That a committee of students be formed to draw up a petition to the two Royal Colleges, praying them to use their best endeavours to obtain the power of granting a degree in Medicine; and that this committee take such other steps as they may think fit to support this petition." Dr. F. Warner spoke in support of the proposition, which was carried *nem. con.* Messrs. J. Moore, F. H. Taylor, Hugh Smith, H. Watts, and J. Rayner were elected on the committee, the latter to act as secretary. The meeting was very enthusiastic throughout.

DEATHS OF EMINENT FOREIGN SCIENTIFIC AND MEDICAL MEN.

THE following deaths are announced:—Dr. Leopold von Pebal, Professor of Chemistry in Gratz, was attacked in the Chemical Institute on Feb. 17th by a discharged servant, and wounded so seriously that, though he managed to drag himself into the caretaker's apartments, he died soon afterwards. Dr. Beschütz, Sanitätsrath of Salzwedel, has died suddenly in his eightieth year, having continued to practise till the last. Dr. T. R. von Hüttern, Director of the Lainzer Lunatic Asylum in Vienna. Dr. Franz Günther, Emeritus Professor of Forensic Medicine in Prague, at the age of seventy-four. Dr. Bonnamy, Professor of Anatomy in Toulouse, joint author with MM. Broca and Beau of a well-known anatomical atlas. Professor Ludwig Bandl, the eminent gynæcologist, who had only recently been appointed to the obstetric chair at Prague, at the age of forty-four.

CALCULUS AS THE CAUSE OF PERITYPHLITIS.

A SWEDISH surgeon, Dr. Sigurd Lovén, has published the notes of a case of perityphlitis, followed by a tumour in the ileo-cæcal region, and abscesses opening over the coccyx through the abdominal walls and rectal walls. Ultimately a calculus was passed through the abdominal wound weighing 79 centigrammes, and measuring 2·5 centim. by 1·3 centim. It was composed of alkaline phosphate of lime. Dr. Lovén believes this had existed for a considerable period, and that its situation had been in the vermiform appendix.

THE REVOLVER.

IT is indeed time that Parliament should recognise the appalling results of the indiscriminate and reckless way in which revolvers are allowed to be sold—and used! On one page of an evening paper this week were recorded two distinct cases of suicide, and also a case of suicide and attempted murder, all by means of the revolver. Cannot the Legislative Assembly find time to restrict the awful facilities of destruction now afforded to the burglar, the suicide, and the murderer? Every revolver should be numbered, licensed, and specially and heavily taxed. Those who really require them in this country for purposes of

defence—and they must or should be few—can well afford to pay. Many a life has been sacrificed owing to "the sight of means to do ill deeds," as represented by the fatal revolver.

ST. BARTHOLOMEW'S HOSPITAL.

THE Assistant-Physiciancy at the above hospital, rendered vacant by the resignation of Dr. Wickham Legg, has been filled by the election of Dr. Samuel West, who obtained a very large majority of votes.

BORATED FISH.

WE have received from Mr. T. Christy some samples of "kippers" cured by the boracic acid process, and some Scotch "kippers" that have not been so treated. We have examined the specimens, and they support the truth of our assertions on this subject—viz., that boracic acid is not truly preservative of all the qualities of the fresh herrings. The borated specimens are black down their central parts, but the Scotch specimens are clear and fresh-looking. In the process of cooking the black colour of the borated fish becomes enhanced.

FOREIGN UNIVERSITY INTELLIGENCE.

Breslau.—Drs. Wiener and Lesser have been promoted to extraordinary professorships.

Bucharest.—The Professorship of Histology and Bacteriology has been filled by the appointment of Professor von Babes, of Buda-Pesth.

Erlangen.—Dr. Richard Frommel, of Munich, has been invited to accept the chair of Midwifery.

Halle.—The University is about to build an Institute for Mental Diseases, to accommodate 150 patients.

Innsbruck.—There are here four chairs vacant—viz., those of General Pathology, Medical Jurisprudence, Midwifery, and Ophthalmology.

Prague (German University).—Professor Heubner, of Leipsig, has accepted the invitation to the chair of Therapeutics. Professor Schauta, of Innsbruck, has been appointed to the chair of Midwifery, vacant by the death of Professor Bandl.

AT a meeting of the Committee recently appointed to collect subscriptions in aid of the Dundee Medical School Jubilee scheme, on the 24th ult., it was reported that the Senatus Academicus of St. Andrews University desired to co-operate with the Committee, reserving the claim of St. Andrews to a share of the medical teaching. The two Principals of the University have indicated their willingness to join the Committee, and it is stated that other members of the Senatus will also join. Subscriptions amounting to £19,000 have now been received in furtherance of the scheme.

CORRESPONDENCE has been in progress for some months between the Admiralty and influential committees at Plymouth, Portsmouth, and elsewhere, with reference to the increase of disease among sailors and soldiers. As a result, official information has been received that the Lock Hospitals for the accommodation of voluntary patients will be re-opened from April 1st, and that at Devonport the Admiralty will contribute £35 per bed for each of the beds. Similar grants will be made at Portsmouth and other naval ports.

DR. G. Y. HEATH, President of the Newcastle-on-Tyne College of Medicine, has been elected representative of the College on the Senate of the University of Durham; the Professor of Medicine having been made an official member of the Senate, and an elective member having been continued to the school.

A CASE of myxœdema was exhibited at the Berlin Medical Society by Professor Senator on Feb. 9th. He remarked that this was only the second case observed in Berlin, the other having been reported by Dr. Riess at the end of last year. Together with two cases described by Professor Erb of Heidelberg, this case made the fourth reported in Germany.

M. COURBARIEN, intern of the maternity department of La Charité, Paris, died recently from typhoid fever, at the early age of twenty-eight years. He was a man of much promise, and was highly esteemed, as evidenced by the testimony given by Dr. Budin, in his speech on the occasion of the funeral. (*Le Progrès Médical*, No. 9.)

THE condition of Professor von Arlt, which for a time has been satisfactory, has suddenly changed for the worse, so much so, indeed, that the death of the renowned ophthalmologist is almost daily expected.

WE are glad to learn that the health of Dr. De Chaumont has improved, the more urgent symptoms of his late attack of illness having passed away.

SENOR DON DR. RODOLFO DEL CASTILLO and several other practitioners in Cordova, are forming a local Spanish Society of Hygiene.

ABSTRACT OF REPORT
ON THE
SANITARY CONDITION OF NEW WINDSOR.
BY DR. HUBERT AIRY AND MR. ARNOLD TAYLOR.

THE following is an abstract of the Report on the Sanitary Condition of New Windsor which the Local Government Board have just published. After stating the circumstances which were the occasion for holding the inquiry, the inspectors (Dr. Hubert Airy and Mr. Arnold Taylor) describe the situation of the town and discuss its population, which is estimated to be 12,500, this number including the Household Troops, which at the last census numbered 1047.

Under the heading *dwellings*, account is given of the situation of the houses, the greater part of which are on the alluvial plain that stretches at the foot of the western slopes of Windsor. "Certain rows are built on such low ground that when the river overflows its banks and floods the meadows, their ground-floors are two or three feet under water. One quarter also in the older part of the town suffers from the same cause; this is the lower part of Bier-lane and its side courts." In 1852 "the water was in the houses for seventeen days, during which time the inhabitants had to live in the upper rooms; the last serious flood was about five years ago. ..... Besides the temporary inconvenience, there is the layer of mud which is left behind on floors and furniture as the water subsides, the destruction of wall-paper and plaster, and the saturation of walls and floors, which it takes months to get rid of; and there is the still more permanently injurious condition of damp subsoil affecting these dwellings at all times. ..... There cannot be a doubt that this is an unwholesome state of things; to it is probably due a rather high mortality from phthisis in Windsor." Although the Town Council have no power to require dwellings already built in low-lying situations to be altered in such a way as to raise their ground floor above flood level, this has been voluntarily done in one row by the owner. The newer rows of houses have advantage of greater air space about them and have the requisite facilities for through ventilation.

Old Courts.—"But when we come to examine the older courts and alleys of the town, we find that, though in many cases the houses stand on fairly sound ground, their con-

dition in respect of outside air space, back yard space, internal ventilation, closet accommodation, surface formation, and pavement—in some and all of these particulars—is still pitiably bad. We, however, willingly recognise that there is evidence of structural improvements having been made in the older courts and alleys in recent years."

The following are some of the details given:—Bier-lane: 170 yards long, 5 yards wide at the top, widening to 12 yards. On the east side is a butcher's shop, with slaughter-house at back; "might be more cleanly kept. Next is a shoemaker's shop, with narrow back yard, widening from 3 ft. to 8 ft. across, ashpit recently emptied, gully out of repair, w.c. in the dwelling without ventilation, walls damp." Next come five capital houses, with workmen's club room and a brewhouse. On west side are two common lodging-houses; then comes entry to Garden-court, which contains twenty-one cottages, ten of which on left side lie close under high retaining wall; their back yards, or rather closet-wells, are only from 4 ft. to 6 ft. across, and contain each a pan-closet, to be flushed by hand. "Water has to be fetched from a standpipe near the entry to the court. Ashes are deposited at the head of a back lane beyond the entry of the court. Each cottage has three rooms, one above another, cubic space from 700 ft. to 800 ft., from which should be deducted the space occupied by bedding &c.; they have no back windows; the front windows are from 3 ft. to 3 ft. 6 in. square. The cottages in opposite row are similar, but, if anything, their back space is still smaller; this space is half roofed over, and made to serve as pantry, or netted over to keep the cats out." Many of the houses are damp. No serious overcrowding discovered. "Lower down in Bier-lane are some old cottages, partly dilapidated, which, the inspectors understand, are going to be pulled down. On the left side formerly stood Red-lion-row; seven new houses are being built here. "On the right side space is less closely occupied: there is, first, a detached house with central stair and a room on each side, top and bottom; no back window, except at the top of the stair. Next are two cottages under one roof, with small gardens in front. The pan-closet belonging to one of them is in a dark recess in a narrow covered yard off the scullery. The inhabitants are laundresses, who flush their closets with their suds. Next come two six-roomed houses of better class, but with ill-paved yard. A pump by the pathway supplies this court with water." Again returning to Bier-lane, the inspectors noted some fairly decent cottages, and came to a passage leading to Distil-House-row, consisting of eleven cottages on the right hand and two more at the further end facing the entry. "In front of the row is a space of bare earth bounded by a blank wall, against which stands the pump, which serves for the common supply of these thirteen houses. Near by, at the foot of the wall, are cavities in the ground, which receive ashes and house refuse.....Some of the interiors showed neatness and cleanliness and comfort, others the reverse; one, containing five children besides the parents, was found to be very dirty. Each cottage in the row has front kitchen (cubic space about 770 ft.) and scullery (540 cubic feet) at back, with bedrooms above, the back bedroom having a lean-to roof, which much diminishes its cubic space. Front windows 3 ft. by 3 ft. 6 in., back windows 3 ft. by 1 ft.; but the two cottages that look up the yard have only two rooms each, and have no back windows. All but three have slop sinks in the sculleries; there are also gullies in the front yard where slops are poured; this row has no back yards. At the further end, at the edge of the back lane, stand four pan-closets for thirteen houses; pans dirty for want of flush-water; woodwork giving way. The palings, which should part these closets from the back lane, are almost all pulled down."

South-place contains forty-two houses, on either side of an asphalted passage. "Of thirteen houses on the south side, ten have no opening whatever at the back, no scullery, no closet, and no water but a tap at the end of the row. For closet purposes the sixty-five dwellers in the ten houses have to go into an open yard at the back of the opposite houses on the north side." Some of them are four, others two-roomed; their stairs have no ventilation, and no light except in one instance, where there is a front window on the landing. "On the north side, Nos. 1 to 4 have sculleries, opening into back gardens, and back lean-to bedrooms over the sculleries, with back windows 18 in. square. Each of these houses has its own pan-closet. No. 5 also has a closet. Nos. 25 to 28 in like manner have sculleries and back bedrooms. They open into a common yard, with an old pan-closet and a new cistern-closet. Nos. 6 to 24, with a population of fifty-six, are two-roomed houses, without any back openings; the bedroom, reached by a stair against the inside of the back wall, contains about 800 cubic feet; a certain small degree of ventilation could be obtained by the stair if all doors and windows were kept open together, but practically this is not done. Behind these houses are three open, unpaved yards, common to five or six dwellings, each with the entries from the asphalted passage. One of the houses adjoining each entry has the advantage of a larger bedroom extending over the entry. These yards together contain eight old pan-closets without water and five new cistern-closets, thirteen in all, for a population of 121, reckoning those who come over from the south side. They have taps of town water; one of them has an iron dustbin, the others have merely cavities in the ground at the foot of the house wall." There is plenty of open space at the back; ventilation could be easily obtained by putting in a window at the head of each stair. "As for the houses on the south side, we see no way of rendering them tolerably habitable but by demolishing every third house and converting its site into a yard for its neighbours with a proper w.c. to each. The death-rate of South-place is calculated to be about 24 per 1000."

In Charles-place and Charles-street cottages there are houses without through bedroom ventilation. Keppel-row is another insanitary locality of fourteen houses, fronting a 9 ft. high brick wall with an asphalted passage 8 ft. across between, with no rain spouting in front, only partial at rear. The first six dwellings have each only one bedroom, not 7 ft. high, with no back window; each has a back room or scullery measuring 7 ft. by 7¾ ft., with a lean-to roof on the ground floor. Instances are given of the conditions to which this sort of accommodation gives rise. The next eight dwellings have each a small back bedroom, some not occupied on account of the damp. At the back are two unpaved yards; each has three closets, which serve for eighteen houses. There are three taps of town water in the yards; an ashpit near the washhouse door the inspectors found duly emptied, but it is said to be often offensive. Keppel-court has no back openings to its back ground-floor rooms, except where the tenants have removed a brick or two, admitting air from an inn yard.

Special reference is made to the neglected and dangerous state of some Crown property in St. Alban's-street, and of certain houses belonging to the Corporation.

Water-supply.—The town water-supply is said to be good, being derived from a well in the chalk. There are still a number of wells in the town, some like those in Red-lion-row and Distil-House-row supplying several houses in common. These waters are analysed by the medical officer of health, and when found impure the wells are closed; in the case of private wells, it has been thought sufficient for the present to warn the tenants of the probable impurity of the water.

Sewerage.—This is described, and the statement is made that ventilation was originally provided for by means of surface gratings, but complaints were made from time to time of the smell from these gratings, and many of them have been closed in consequence. It would seem that the flushing is not sufficient to keep the long and almost level outfall sewer (with a fall of 3 ft. in a mile) free from deposit, which is thus left in the sewer long enough to decompose and cause offensive effluvia from the gratings. The necessity of diverting certain storm-water is pointed out.

House-drains.—There is reason to believe that in many cases the house-drains are ill-laid and unventilated, and ready to convey poisonous gases direct from the sewer to the house through an untrapped sink-pipe or an ill-constructed watercloset. The means at the disposal of the Sanitary Authority for dealing with this difficulty have been not so much by way of prevention as by removal of such of the defective conditions as had demonstrated themselves to be nuisances injurious to health. The code of bye-laws in course of preparation will not avail to prevent bad drainage arrangements and ill-constructed closets except in the case of new and rebuilt houses. It is requisite that public opinion should come to the aid of the Sanitary Authority in this matter.

Closets.—Windsor is decidedly in advance of those towns which have vault-privies; the worst thing in Windsor is a pan-closet, constructed to be flushed by hand, which has become coated with dirt or temporarily choked for want of

water. Now and then it was found the pan was broken by some rough usage, and it was evident there was untrapped air communication with the sewer. While not to be compared to the foul privies that still disgrace so many towns, yet these Windsor pan-closets ought to be kept in better order, and there ought to be such a system of inspection as should ensure this being done. For the credit of the town, it is to be hoped that this improvement will be generally made. The existing accommodation is in places not sufficient.

Ashes and House Refuse.—There is a weekly collection of house refuse, the inhabitants bringing out their dust in boxes and pails; those who will not take this trouble are requested to give notice at the surveyor's office when they desire the refuse to be removed from their premises. It is carted to a field one mile and a half from the centre of the town, where it is used for filling up hollows in the ground.

Isolation of Infectious Disease.—A hospital for this purpose is urgently needed, and in connexion therewith it is very desirable there should be a suitable disinfecting chamber. The authority offer a fee of 2*s.* 6*d.* for every case of infectious disease notified by a private practitioner to the medical officer of health.

Bye-laws.—The need for their revision has long been recognised, new bye-laws are on the point of receiving the sanction of the Board.

Sanitary Staff.—The medical officer of health is an able and conscientious officer, and the inspectors find in his annual reports evidence of much good work in his district, and sound advice offered to his authority. Evidence is given of the scientific spirit in which he approaches his work. It must be objected, however, that he has under-estimated the importance of such sanitary defects as have been described in connexion with South-place, or else has over-estimated the difficulty of dealing with its defects The inspector of nuisances has done very useful work in organising the present system of refuse-removal, and in bringing about countless improvements; but it is evident that his duties are too multifarious to allow him to give the time that is required for continuous detailed sanitary inspection. The work of nuisance inspector is enough to demand a man's whole time, and the Sanitary Authority ought not to content themselves with less. The inspector of nuisances has also to act as borough surveyor, inspector of common lodging-houses, of weights and measures, of petroleum, and of canal boats. Most, if not all, of the courts and streets might have been dealt with—externally, at least—under the 150th and following sections of the Public Health Act; but, as far as the inspectors could learn, no attempt appears ever to have been made to use these sections, nor is it possible to do so as long as the inspector has so many other duties to discharge in addition to those that properly pertain to the office of borough surveyor. In looking through the Nuisance Report Book, the inspectors could not fail to notice that in the single month of September, 1886, there are as many cases of premises inspected and nuisances reported as in the two years from September, 1884, to August 1886.

Mortality.—The average death-rate is 16·3 per 1000, but this low rate is certainly in part accounted for by the excessive proportion of inhabitants of the ages between ten and thirty, and the low birth-rate. The zymotic death-rate is also low.

Conclusion.—The sanitary condition of Windsor is in most respects no worse, and in some respects is distinctly better, than that of many other old towns with which the inspectors are acquainted. Provided the Town Council have a sufficient staff of officers acting under their orders, the sanitary defects which have been pointed out will in the main be satisfactorily remedied.

Recommendations.—With regard to the sanitary defects in the areas referred to, especially in point of through ventilation and outside air space, the sanitary authority should inquire whether the requisite improvements can be obtained under the powers of the Public Health Act, 1875, and, if not, they should resort to the powers given by the Artisans and Labourers' Dwellings Improvement Acts, 1875 to 1882. In order to secure more constant and thorough nuisance inspection the sanitary authority should appoint a separate inspector of nuisances. They should also make provision for the isolation of infectious disease and for the disinfection of infected articles, and should take into consideration the question of providing a furnace for the destruction of house refuse.

THE PEABODY IMPROVED DWELLINGS TRUST.

THE twenty-second annual report of the trustees of the Peabody Donation Fund is satisfactory, whether viewed from a financial, social, or sanitary point of view. The half-million of money given and bequeathed by Mr. Peabody between the years 1862 and 1873 has by the accumulation of rent and interest very nearly doubled itself, for on Dec. 31st last it amounted to £910,668. That the object of the donor has been faithfully carried out is evident from the fact that by the end of last year the trustees had "provided for the artisan and labouring poor of London" 11,150 rooms, without counting bath-rooms, laundries, and washhouses, and that these rooms were occupied by a population of 20,228 persons; this shows an increase of 12,431 upon the number in residence at the end of 1876, ten years before. The various buildings contained 5014 separate tenements, including 74 of four rooms, 1782 of three rooms, 2350 of two rooms, and 808 of single rooms; the average rent of each tenement being rather more than 4*s.* 9*d.*, and of each room rather less than 2*s.* 2*d.* It is stated that the average weekly earnings of the head of each family in residence at the close of the year was rather less than 23*s.* 10*d.* If this information, which is presumably supplied by the tenants themselves, is trustworthy, it furnishes a complete answer to the charges that have been made from time to time that the Peabody Buildings are not inhabited by the class for which they were intended—namely, the "artisan and labouring poor." The report contains the usual figures bearing upon the vital statistics for last year of the population of more than twenty thousand persons inhabiting those buildings. The birth-rate was equal to 42·4 per 1000, exceeding by 10 the mean rate for the whole of London. This high birth-rate is evidence of the abnormal age constitution of the population, which contains an exceptionally large proportion of young adults, and consequently of children, and necessarily a very small proportion of elderly persons. The death-rate among this population, including, as is stated in the report, the deaths of those residents who were removed to hospitals, was equal to 19·3 per 1000, which is 0·6 below the mean rate for the whole of London. Bearing in mind that this population belongs exclusively to the working classes, and further that its exceptionally large proportion of young children more than counterbalances the effect of its small proportion of elderly persons, this death-rate may be taken to afford evidence of the sanitary condition of the residential population of these buildings. It should at the same time be remembered that to the reported death-rate of this population should undoubtedly be added a proportion of the deaths recorded in workhouses, to which institutions certain numbers of these classes when out of health or work inevitably drift. It may be stated that nearly 12 per cent. of the deaths registered in the whole of London last year were recorded in workhouses and their infirmaries. It seems certain that such a working-class population as that residing in the Peabody Buildings must actually contribute a still larger proportion of its deaths to the number that occur in workhouse establishments. This disturbing element of the Peabody mortality statistics does not, however, affect the rate of infant mortality, and it is especially satisfactory to learn that in this working class population housed in improved dwellings the rate of infant mortality in 1886 did not record 149 per 1000 registered births against 958, the mean rate in the whole of London.

THE MOXON MEMORIAL.

AT a meeting of the friends of the late Dr. Moxon, held at the Royal College of Physicians on Feb. 1st, Sir William Jenner, Bart., in the chair, the following resolution was proposed by Dr. Wilks and seconded by Sir James Paget, "That in the opinion of this meeting it is desirable to express by public memorial the widespread appreciation that exists of the high character and remarkable personal qualities of the late Dr. Moxon, and especially of the services he rendered in advancing medical science and in otherwise promoting the highest interests of the profession." It was proposed by Dr. Pavy and seconded by Sir Dyce Duck-

worth: "That subscriptions be invited, and that a subcommittee be appointed to decide upon the most suitable form of memorial." These resolutions were unanimously carried.

At a meeting of the subcommittee, held at the Royal College of Physicians on Feb. 8th, the following resolution was proposed by Sir Joseph Lister, seconded by Sir Andrew Clark, and unanimously carried: "That the fund raised by subscription be devoted to the foundation of a scholarship or medal to be awarded by the Royal College of Physicians, and to the erection of a memorial of the late Dr. Moxon at Guy's Hospital."

SUBSCRIPTIONS RECEIVED (FIRST LIST).

Sir W. Jenner, Bart.,...	£21	0	0	J. Farrant Fry, Esq. ...	£1	1	0
F. W. Pavy, M.D., F.R.S.	21	0	0	J. Montague Day, Esq. ...	1	1	0
R. Clement Lucas, B.S....	21	0	0	W. A. E. Waller, Esq. ...	1	1	0
Sir W. Gull, Bart. ...	10	10	0	A. Roper, Esq.	1	1	0
R. Quain, M.D.	10	10	0	Arthur Davies, M.D. ...	1	1	0
S. Wilks, M.D., F.R.S.....	10	10	0	C. C. A. Price, Esq. ...	1	1	0
Ed. Rawlings, Esq. ...	10	10	0	W. Lockhart, F.R.C.S. ...	1	1	0
T. Bryant, Esq.	10	10	0	J. Lauder Brunton, M.D., F.R.S.	1	1	0
J. Sydney Turner, Esq...	10	10	0	P. Turtle, M.D.	1	1	0
Mrs. Elphinstone... ...	10	10	0	J. Kingston Fowler, M.D.	1	1	0
Sir J. Lister, Bart. ...	10	0	0	R. Hicks, Esq.	1	1	0
Sir James Paget, Bart.....	5	5	0	H. J. Wolstenholme, Esq.	1	1	0
Sir Dyce Duckworth ...	5	5	0	F. J. Burgess, F.R.C.S. ...	1	1	0
Sir H. Pitman	5	5	0	J. A. Fraser, Esq.	1	1	0
P. H. Pye-Smith, M.D., F.R.S.	5	5	0	E. F. Galtskell, Esq. ...	1	1	0
Pembroke Minns, M.D...	5	5	0	W. A. Aiken, Esq.... ...	1	1	0
A. E. Durham, F.R.C.S.	5	5	0	H. H. Dixon, Esq.... ...	1	1	0
G. H. Savage, M.D. ...	5	5	0	A. H. Baines, Esq.... ...	1	1	0
W. H. Broadbent, M.D.	5	5	0	Challoner Clay, Esq. ...	1	1	0
Dr. and Mrs. Aikman ...	5	5	0	James Bisshopp, Esq. ...	1	1	0
F. Orton, M.D., J. P. ...	5	5	0	G. W. Shipman, Esq. ...	1	1	0
Wilson Fox, M.D. ...	5	5	0	W. P. Reynolds, Esq. ...	1	1	0
E. Clifford Beale, M.D....	3	3	0	J. E. B. Burroughs, Esq....	1	1	0
R. N. Wallace, M.B. ...	3	3	0	W. A. Lane, M.S.	1	1	0
F. Newland Pedley, F.R.C.S....	3	3	0	B. Marshall, Esq.	1	1	0
A. T. Gillings, M.D. ...	2	2	0	S. Knaggs, Esq.	1	1	0
Stephen Mackenzie, M.D.	2	2	0	J. E. Viney, M.D.... ...	1	1	0
W. A. Bralley, M.D. ...	2	2	0	H. T. Phillips, Esq. ...	1	1	0
J. Rand, F.R.C.S. ...	2	2	0	Prof. W. K. Parker, F.R.S.	1	1	0
C. Bader, Esq.	2	2	0	Robert Harris, M.B. ...	1	1	0
C. A. Aikin, Esq.... ...	2	2	0	Edgar Crookshank, M.B.	1	1	0
E. L. Adney, M.D. ...	2	2	0	F. Manser, Esq.	1	1	0
J. F. Table, Esq.	2	2	0	R. Manser, Esq.	1	1	0
W. T. Parker Douglas, M.D.	2	2	0	W. Ployer, M.D.	1	1	0
Charles Lewis, Esq. ...	2	2	0	J. R. Bosworth, Esq. ...	1	1	0
W. F. R. Burgess, M.D...	2	2	0	R. Parry, M.D.	1	1	0
Charles Higgens, F.R.C.S.	2	2	0	S. Tilley, F.R.C.S.... ...	1	1	0
H. Horsley, Esq.... ...	2	2	0	Surgeon-Major J. Ince, M.D.	1	1	0
J. Batteson, Esq.... ...	2	2	0	G. W. Daniell, Esq. ...	1	1	0
John Gill, Esq.	2	2	0	A. G. Medwin, M.D. ...	1	1	0
John Mackern, M.D. ...	2	2	0	J. G. Hall, Esq., J.P. ...	1	1	0
Th. Hastes, M.D.... ...	2	2	0	C. P. Creed, Esq.	0	10	6
H. C. Burton, Esq. ...	2	2	0	F. P. Weaver, M.D. ...	0	10	6
Miss Elphinstone... ...	2	2	0	Bransby Brooks, Esq. ...	0	10	6
Ben. Rix, Esq.	2	2	0	H. Hawksworth, Esq. ...	0	10	6
L. E. Shaw, M.D... ...	2	2	0	John Crew, Esq.	0	10	6
T. A. Spalding, Esq. ...	2	2	0	R. S. Mutch, Esq.... ...	0	10	6
R. J. Kerby, M.D... ...	1	11	6	J. C. Clarke, Esq.	0	10	6
Sir W. Bowman, Bart. ...	1	1	0	F. W. Humphreys, F.R.C.S.	0	10	6
W. John, Esq.	1	1	0	S. Bingham, Esq.... ...	0	10	6
D. H. Forty, Esq	1	1	0	H. N. Smith, Esq.... ...	0	10	6

WILLS OF MEDICAL MEN.

THE will of Mr. Samuel Harrison Evans, M.R.C.S., formerly of Derby, afterwards of Normanton, but late of Landour, Weston-super-Mare, who died on Oct. 30th at Southsea, has been proved at the Wells District Registry by the Rev. John David Evans and Mr. Thomas David Fabian Evans, the nephews, the executors, the value of the personal estate amounting to over £22,000. The testator bequeaths £200 each to the Church Pastoral Aid Society, the Church Missionary Society, the British and Foreign Bible Society, and the Society for Promoting Christianity among the Jews; £50 to the Derbyshire General Infirmary; his household furniture and effects to his wife, Mrs. Chloe Evans; £5000 upon trust for her for life; and numerous and considerable legacies to his own and his late wife's relatives, servants, and others. The ultimate residue of his property he leaves to the person or persons who would have been entitled thereto under the statute for the distribution of intestates' effects if he had died without a will.

The will of James Dickson Steele, M.D., late of 18, Blomfield-road, Maida-vale, who died on April 23rd last, has been proved by Major George de Winton and Mr. Richard Eve, the executors, the value of the personal estate amounting to over £15,000. The testator bequeaths £2000 to the said Major de Winton; £1000 each to his brother Robert Moore Steele, his sisters Mary Stuart Steele and Esther Steele, and to the said Richard Eve; and legacies to friends and others. All his real estate and the residue of his personal estate he gives to his housekeeper, Mrs. Anne Penny, in consideration of her long and faithful services.

The will of Charles Sanders, M.D., late of the Haylands, Chigwell, Essex, who died on Oct. 17th last, has been proved by Mrs. Laura Ann Sanders, the widow and sole executrix, the value of the personal estate exceeding £9000. The testator gives certain plate, the portrait of his grandfather, and also his real estate in the county of Norfolk to his wife for life, and then to his son Charles Edward Bradfield Sanders. The residue of his real and personal estate he leaves to his wife.

The will of Mortimer Balding, M.D., late of St. Albans, Herts, who died on Nov. 23rd last, has been proved by Mr. Albert Balding, the brother, and Mrs. Thomas Gowland Page, the executors, the value of the personal estate amounting to over £3000. The testator bequeaths £50 and his household furniture and effects to his wife, Mrs. Kate Greaves Garling Balding, and he confirms the settlement made on their marriage; he also bequeaths legacies to his sister and to a nephew. The residue of his real and personal estate he leaves upon trust for his wife for life or widowhood, then for all his children in equal shares, and in default of children to his sister Octavia.

The will of John Findlay Lindsay, M.D., late of Great George-square, Liverpool, who died on Oct. 11th last, has been proved at the Liverpool District Registry by Miss Janet Lindsay, the sister and sole executrix. With the exception of two or three bequests of jewellery, the testator leaves all his property, including his interest in certain property in Glasgow, to his daughter Florence Bosquet Lindsay.

The will of Arthur Wynn Williams, M.D., formerly of Montagu-square, but late of Brooklyn, West Drayton, who died on Nov. 15th, has been proved by Mr. Arthur Loughborough and Mr. Freke Dalgleish Williams, the executors. The testator gives certain family pictures to his wife for life, then to his son Trevor Wynn Williams, and then to his son; £50 and all articles of personal, domestic, or household use to his wife; the residue of his real and personal estate upon trust to pay the income to his wife for life, and at her death for all his children in equal shares.

The following legacies have recently been left to hospitals and other medical institutions:—Mr. George Fielder, of Doctors' Commons and West Horsley-place, Leatherhead, Surrey, Proctor, on the death of the survivor of his wife and sister, £500 consols each to Charing-cross Hospital, Middlesex Hospital, Surrey County Hospital, the Seamen's Hospital (late *Dreadnought*), and the London Homœopathic Hospital.—Mr. Thomas Lockerby, of Derwent Villa, Addiscombe, Surrey, £100 to the Royal Infirmary, Glasgow.—Miss Fanny Halsey, of Little Gaddesden, Herts, £100 to the West Herts Infirmary.—Mr. Octavius Edward Coope, J.P., D.L., M.P., of Rochetts, near Brentwood, Essex, and 41, Upper Brook-street, £100 to Middlesex Hospital.—Mrs. Alicia Mary Gaselee, of 2, Cambridge-square, Hyde-park, and Tytherley, Bournemouth, £100 to St. Mary's Hospital.—Miss Emily Barry, of 8, Cleveland-square, Hyde-park, £500 to the Royal Hospital for Incurables, Putney Heath; £300 each to St. Mary's Hospital, Royal Orthopædic Hospital, and the Hospital for Sick Children; £100 to St. Mary's Convalescent Home, Broadstairs, in connexion with the Orphanage of Mercy, Kilburn-park-road; and £100 to the Metropolitan Convalescent Hospital, Walton-on-Thames.—Mrs. Charlotte Broadwood, formerly of Tunbridge Wells, but late of 4, The Mount, St. Leonards-on-Sea, £2500 consols in aid of the Cottage Hospital built by her at Capel, Surrey.—Mr. Stephen Peter Schilizzi, of Park Point, Higher Broughton, Manchester, £400 to the Athens Hospital, Evagelismos, and £300 to the Scio Hospital.—Mrs. Harriett Beckford, of West Hill, Cowes, Isle of Wight, £1500 to the Isle of Wight Infirmary, Ryde; £1000 to the Hospital for Incurables, West Hill, Putney; and £500 to the Metropolitan Convalescent Institution, Walton-on-Thames.—Captain Thomas Ruddiman, of 1, Cavendish-place, Cavendish-square, £100 to the Middlesex Hospital.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5882 births and 3767 deaths were registered during the week ending Feb. 26th. The annual death-rate in these towns, which had been equal to 19·5 and 21·1 per 1000 in the two preceding weeks, further rose last week to 21·3. During the first eight weeks of the current quarter the death-rate in these towns averaged 22·0 per 1000, and was 2·3 below the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 13·5 in Nottingham, 13·7 in Brighton, 14·4 in Derby, and 16·1 in Sunderland. The rates in the other towns ranged upwards to 27·2 in Newcastle-upon-Tyne, 29·8 in Plymouth, 30·1 in Manchester, and 33·0 in Huddersfield. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 340 and 371 in the preceding two weeks, was last week 372; they included 140 from measles, 94 from whooping-cough, 47 from scarlet fever, 39 from diarrhœa and dysentery, 31 from diphtheria, 21 from "fever" (principally enteric), and not one from small-pox. No death from any of these zymotic diseases was registered last week in Birkenhead, while they caused the highest death-rates in Leicester, Liverpool, Manchester, and Huddersfield. The greatest mortality from measles occurred in Leeds, Manchester, Liverpool, Sunderland, Leicester, and Huddersfield; from whooping-cough in Birmingham and Norwich; and from scarlet fever in Bristol and Blackburn. The 31 deaths from diphtheria in the twenty-eight towns included 14 in London, 4 in Liverpool, 2 in Portsmouth, 2 in Manchester, 2 in Leeds, and 2 in Cardiff. Small-pox caused no death in London and its outer ring, or in any of the twenty-seven other large provincial towns. Only 5 small-pox patients were under treatment on Saturday last in the metropolitan hospitals receiving cases of this disease. The deaths referred to diseases of the respiratory organs in London, which had been 364, 373, and 392 in the preceding three weeks, further rose last week to 466, but were 18 below the corrected average. The causes of 114, or 3·0 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Bolton, Blackburn, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Salford, Oldham, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19·8, 22·0 and 24·3 per 1000 in the preceding three weeks, declined again to 22·5 in the week ending Feb. 26th; this rate exceeded by 1·2 the mean rate during the same period in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 11·0 in Greenock and 16·8 in Dundee, to 24·8 in Glasgow and 33·7 in Aberdeen. The 562 deaths in the eight towns last week showed a decline of 45 from the number returned in the preceding week, and included 33 which were referred to whooping-cough, 30 to measles, 17 to scarlet fever, 11 to diarrhœa, 5 to "fever" (typhus, enteric, or simple), 3 to diphtheria, and not one to small-pox; in all 99 deaths resulted from these principal zymotic diseases, against 76 and 103 in the previous two weeks. These 99 deaths were equal to an annual rate of 4·0 per 1000, which exceeded by 1·9 the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had increased in the preceding four weeks from 19 to 32, further rose last week to 33, of which 17 occurred in Glasgow and 7 in Edinburgh. The 30 deaths from measles also showed a further considerable increase upon the numbers in recent weeks, and include 17 in Aberdeen and 12 in Glasgow. The 17 deaths from scarlet fever, on the other hand, were fewer by 8 than the number in the previous week; 11 were returned in Edinburgh, 3 in Glasgow, and 2 in Dundee. The 11 deaths attributed to diarrhœa, of which 4 occurred in Aberdeen and 3 in Glasgow, scarcely differed from the average number for the season. The 5 deaths from "fever" included 3 in Leith, and showed an increase upon recent weekly numbers. Two of the 3 fatal cases of diphtheria occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 126, 133, and 146 in the preceding three weeks, declined last week to 121, and were 38 below the number returned in the corresponding week of last year. The causes of 78, or nearly 14 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 27·3 and 35·3 in the preceding two weeks, declined again to 30·7 in the week ending Feb. 26th. During the first eight weeks of the current quarter the death-rate in the city averaged 31·4, the mean rate during the same period being but 20·9 in London and 21·7 in Edinburgh. The 208 deaths in Dublin last week showed a decline of 31 from the number in the previous week, and included 8 which were referred to "fever" (typhus, enteric, or simple), 2 to scarlet fever, 2 to whooping-cough, 2 to diarrhœa, and not one either to small-pox, measles, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 17 and 14 in the preceding two weeks, were again 14 last week; they were equal to an annual rate of 2·1 per 1000, the rates from the same diseases being 1·8 in London and 4·2 in Edinburgh. The deaths referred to "fever," which had been 4 in each of the previous two weeks, rose last week to 8, and exceeded the number returned in any previous week of this year. The fatal cases of scarlet fever, whooping-cough, and diarrhœa were almost identical with those in the previous week. The deaths both of infants and of elderly persons showed a decline from the numbers in the previous week. Six inquest cases and 4 deaths from violence were registered; and 50, or nearly a quarter, of the deaths occurred in public institutions. The causes of 40, or more than 19 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

A NOTE OF WARNING REGARDING THE CONDITION OF ARTICLES OF FOOD SOLD FOR THE USE OF THE DIABETIC.

To the Editors of THE LANCET.

SIRS,—In the interests of patients and for the sake of the credit of the profession, I think attention requires to be drawn to the unsatisfactory character of some of the articles of food that are being sold for the special use of those suffering from diabetes. The principle at the foundation of the preparation of these articles is to furnish a food as free from starchy and saccharine matter as can be practically done, and whilst this object is attained it is desirable, in order to render it acceptable for consumption, that the article produced should present as close an approximation to the food in ordinary use as possible. The chief difficulty, it may be said, lies with a representative of bread. Various substitutes for ordinary bread are manufactured and placed at the command of the diabetic. Some of them are carefully prepared and fairly represent what they should be. Others, on the other hand, although placed before the consumer as of a proper character and charged for upon about the same scale of prices, are but little removed in constitution from the representative product in its ordinary state. Thus, the patient may be deluded into taking that which is positively obstructive to satisfactory progress; and with this, discredit will be thrown upon the profession by the efforts of treatment proving abortive. Gluten flour and gluten bread always contain a certain amount of starch, and it may be considered that the article is in a good state if the amount does not exceed from 25 to 30 (or about this) per cent. Some gluten bread and gluten flour being sold at the present time contain no less than from about 75 to 80 per cent. of starch. The actual figures before me are for a sample of gluten bread 74 and another from the same source 76 per cent. of starch, and for two samples of gluten flour derived from the same establishment 80 and 82 per cent. of starch.[1] These figures, as with those belonging to all my analyses, refer to the article in the dried or water-free state. For

[1] It is only right to state that these samples were not obtained from either of the London vendors of diabetic food.

comparison, I may state that the figures yielded for a sample of ordinary wheaten flour were 90 per cent. and ordinary household bread 89 per cent. A biscuit sent to me for examination by the wife of a patient as a gluten biscuit obtained from France contained 84 per cent., and another kind 89 per cent., of starch.

Bran biscuits vary. The figures before me, yielded by the analysis of some that are sold, give about 38 per cent. of carbohydrate expressed as starch; whilst the figures for others amount to from 50 to 60 and upwards of this. Besides starch, bran contains cellulose and lignose. These, under the boiling with sulphuric acid in the process of analysis, are, like the starch, transformed into glucose, and thus comprised in the result obtained. Presumably, however, cellulose and lignose in a great measure, if not entirely, resist the solvent influence of the digestive secretions, and thereby, although carbohydrates, escape passing on to sugar in the system of the diabetic. But the starch of course is in the same position as starch from other sources. The starch removable by boiling water from some ordinary bran, or bran as it came from the mill, amounted to 23 per cent.; with prepared bran sold for the use of the diabetic the amount of starch obtained was practically the same, justifying the conclusion that simply grinding without previous washing constituted the process of preparation adopted.

Macaroni, vermicelli, and semola are also articles announced to be specially prepared for the use of the diabetic. I have never yet come across a sample that could be regarded as suitable. Indeed, they have either resembled the ordinary article in use, or only differed to a slight extent. For instance, taking recent analyses, one sample of macaroni gave 85 per cent. of starch, another 71, and another 78; a sample of vermicelli 70, and a sample of semola 74, per cent. The figures yielded by a sample of ordinary macaroni were 86, and vermicelli 87, per cent.

I am, Sirs, yours obediently,

Grosvenor-street, Feb., 1887. F. W. PAVY.

"LUNACY ACTS AMENDMENT BILL, 1887."

To the Editors of THE LANCET.

SIRS,—In your last issue is a letter from Dr. Rogers drawing attention to an alleged injustice to workhouse medical officers in being prohibited from receiving a fee for certifying lunatics as fit to be removed to asylums. I submit he is entirely wrong in his conclusions and in his interpretation of the proposed statute. The Bill does not prevent the workhouse medical officer from being paid a fee when the patient is removed to an asylum, but only in the case when the lunatic is of such a harmless nature that he can with safety remain in the workhouse. Even under the present law no fee is payable to the medical officer under these circumstances.

Clause 14, which Dr. Rogers quotes, enacts: "No person being a lunatic shall be allowed to remain *in a workhouse* unless the medical officer of the workhouse certifies in writing—(*a*) that such person is a lunatic, with the grounds for the opinion; (*b*) that he is a *proper* person to be detained under care and treatment *in a workhouse* as a lunatic; (*c*) that the accommodation in the workhouse is sufficient for his proper care and treatment.....(2) A certificate under this section shall be in the Form 8.....(3) A certificate under this section shall be sufficient authority for detaining the lunatic therein named against his will in the workhouse *for fourteen days* from its date. (4) No lunatic shall be detained against his will or allowed to remain in a workhouse for *more than fourteen days* from the date of a certificate under this section *without* an order under the hand of a justice of the peace having jurisdiction in the place where the workhouse is situate. (5) The order in the *last preceding* subsection mentioned may be made upon the application of a relieving officer of the union to which the workhouse belongs, supported by a medical certificate in the Form 6 under the hand of a duly qualified medical practitioner, not being an officer of the workhouse, and by the certificate under the hand of the medical officer of the workhouse in the Form 8.....(6) The guardians of the union to which the workhouse belongs shall pay such reasonable remuneration as they think fit to the medical practitioner who, not being an officer of the workhouse, examines a person for the purpose of a certificate *under this section*. The whole of the above-quoted part of the clause simply refers to harmless lunatics detained, and *suitable* for detention, in the workhouse. On the other hand, if not suitable, the 7th subsection goes on to say: "If in the case of any alleged lunatic being in a workhouse, the medical officer thereof shall not sign such certificate—i.e., not feel justified in signing—as in this section mentioned, or if at or before the expiration of fourteen days from the date of the certificate an order is not made under the hand of a justice for the detention of the lunatic *in the workhouse* the medical officer of the workhouse shall forthwith give notice in writing to the relieving officer of the union to which the workhouse belongs, that a pauper *in the workhouse* is deemed to be a lunatic, *and a proper person to be sent to an asylum*, and thereupon the like proceedings shall be taken by the relieving officer and *all other persons* for the purpose of removing the lunatic to an asylum, and within the same time, as by the Lunatic Asylums Act, 1853, provided in the case of a pauper deemed to be a lunatic and a proper person to be sent to an asylum. (8) If the medical officer of a workhouse omits to give such notice to a relieving officer, as by the *last* preceding subsection provided, he shall for each day or part of a day after the first, and before the notice is given, during which the alleged lunatic remains in the workhouse, be liable to a penalty, not exceeding ten pounds." The italics throughout are mine.

In short, the meaning is this. Harmless lunatics may be detained for fourteen days on the certificate of the medical officer of the workhouse alone, provided he considers them suitable cases and the accommodation sufficient; but not longer, except with a magistrates' order given on the certificate of an independent medical practitioner in addition to that of the medical officer of the workhouse. On the other hand, if the medical officer of the workhouse believes that the alleged lunatic is not a proper person, or that the workhouse accommodation is not sufficient, then he must go through the same procedure as is enjoined by the old Act, 16 and 17 Vict., c. 97, and he will be paid according to the provisions of that Act.

I am, Sirs, your obedient servant,

CHARLES GROSS, M.D. Lond., F.R.C.S. Eng.,
Barrister-at-law.

Elm-court, Temple, E.C., Feb. 28th, 1887.

To the Editors of THE LANCET.

SIRS,—The Lunacy Acts Amendment Bill has passed through the third reading of the House of Lords, and will shortly be submitted to the House of Commons. I therefore venture through your journal a few suggestions for the consideration of the medical profession. The treatment of lunatics is considered a specialty. It would benefit the profession and the public at large if the study of lunacy were more generally encouraged by appropriating certain wards in all general hospitals for the treatment of lunatics. According to a report in *The Times* on the second reading of this Bill, the Lord Chancellor stated that "there are 4400 licensed houses in this country." These numbers do not tally with the Fortieth Report of the Commissioners in Lunacy, Appendix N, which only shows ninety-six licensed houses, provincial and metropolitan, including private asylums. One of the objects of this Amendment Bill is to get rid of the private licensed houses, and force all patients into asylums. Putting entirely aside the interest of the medical profession, I submit that it would be detrimental to the community at large. In asylums, the attendants number about one to ten patients. Bad cases are consigned to padded rooms, a practice which too much resembles solitary confinement—a punishment for criminals. From a natural disinclination of charitably disposed persons to visit lunatics, the patients have no society beyond other lunatics like themselves, and attendants, who do not belong to a sufficiently educated class, therefore not companions likely to benefit those of a higher degree. Sufficient precautions are not adopted to prevent self-abuse, though such practice is admitted by the profession to be highly detrimental; and females are much neglected at certain times. In private licensed houses each patient has a separate attendant, and the combined aid of all the establishment, if necessary. Padded rooms are not known; precautions are taken to prevent self-abuse and dirty habits, and the patients have the advantage of the society and the constant supervision of the family. I would therefore recommend that the number of private licensed houses,

to receive from three to six patients, should be considerably increased.

It was lately published in *The Times* that there are over 30,000 female lunatic patients in the asylums. It is well known how easily they are excited by the presence of the opposite sex. Why not appoint *lady visitors* for the female wards and private female patients in licensed houses, in place of, as at present, the commissioners and magistrates, all gentlemen, whose visits generally upset such patients. Lady visitors would also better understand the habits and requirements of their own sex. The power which the Commissioners in Lunacy and Lord Chancellor's visitors have for summarily removing patients from one house to another, or from a house to an asylum, without a thorough investigation of the case, and against the will of the friends and relatives, should be abolished. The practice is much too arbitrary for a free country in the present century.

I am, Sirs, your obedient servant,

Surbiton, March 1st, 1887. R. COLLUM, M.D.

MEDICAL ASPECT OF THE EARTHQUAKE AT CANNES.

To the Editors of THE LANCET.

SIRS,—At a few minutes to 6 A.M. on the 23rd of February I was startled in my sleep by a marked oscillatory movement having a S.E. to N.W. direction; a noise, faintly comparable to a couple of trains passing under my house, and the tremor with which my little villa was seized, told my half-awakened senses that an earthquake had most unexpectedly visited this peaceful land. I got downstairs with some difficulty, the staircase rocking so much as to bring to my mind the rolling of a vessel at sea, and I had reached the garden before the vibrations had ceased. The first shock lasted forty seconds; it was followed by two more, less intense and of shorter duration. The following night three somewhat similar vibrations took place, the last one only, which occurred at about twenty minutes past five, being of any intensity and duration. Since then there have been a few mild movements, but so slight that they have scarcely been felt by all. Fortunately for Cannes, these earthquakes have done no material damage; apart from a few superficial cracks in the ceilings here and there, a looking-glass or two broken, and a few clocks which have stopped, we have nothing to lament; no one was injured, and not a single building has been damaged. I was, I must say, somewhat surprised at this result, as the shock on the morning of the 23rd was certainly a severe one, and much injury was caused by it in the neighbouring towns of Nice and Mentone. Cannes has come out unscathed from this ordeal, owing mainly to the hotels, villas, &c., being well built, solid constructions, able, as they have proved themselves, to resist even a severe shaking; moreover, with but few exceptions, the foundations of the buildings at Cannes rest on rock, whilst at Nice and Mentone many have been erected on alluvial soil or on reclaimed land; hence, probably, the reason why the earthquake did us so little, if any, harm.

So much for the physical side of the question. As for the moral one, it was simply disastrous. A regular panic seized upon a very large number of the visitors, and at several of the hotels, for forty-eight hours at least, scenes of the most terrible dismay, especially during the night, occurred—not so much among the sick and invalids, many of whom seemed to have learned patience and resignation from physical suffering, and did not give way to the morbid condition which prevailed extensively among their more healthy and stronger companions. Many cases which I was called upon to see were, after the second night, in such a state of nervous depression or excitation, so dulled or so irritable, so unable to think but of the terrible earthquake, not of the one they had felt, but of something more fearful still to come, unable to sleep, to eat, in fact mentally and physically so ill, that no remedy, no persuasion proved of any avail, and they were advised to leave the place at once if they wished to avoid some more tangible disease. Next to these terror-stricken individuals, in some cases the earthquake proved the occasional cause of sickness; a gentleman, just recovering from an attack of gout, rushed from his warm room into the cold outside, and contracted a severe attack of bronchitis; a lady, convalescent from articular rheumatism, from exposure suffered a sharp relapse; and neuralgia, colds, sleeplessness, &c., have been very common among the delicate people who resort to this winter station, in order to escape the frosts and fogs of England and of Northern Europe.

But, as I write, everything has returned to its normal state; the earthquake, although still the topic of the day, is no longer dreaded by the still large number of remaining visitors and residents of the place; a bright sun, a balmy atmosphere, a blue sky, a calm sea, one and all now reward those—and they are by far the majority—who did not give way to unreasonable fears. The total absence of any damage to property or of injury to individuals justifies our belief that this lovely spot is indeed charmed. When sickness hovered around us, as it did a year ago, Cannes escaped. She has done so again, and, with neighbouring cities almost in ruins, at the best severely shaken, Cannes still offers a safe retreat to those who wish to avoid the bleak March winds of the north.

I am, Sirs, yours faithfully,

H. BLANC, M.D., F.R.C.P.,

Cannes, Feb. 28th, 1887. Physician at Cannes.

TRANSPORT AND TREATMENT OF INFECTIOUS PATIENTS IN THE METROPOLIS.

To the Editors of THE LANCET.

SIRS,—A letter from Sir Vincent Kennett-Barrington in *The Times* of Jan. 21st, under the above title, hardly met with the support it deserved either there or in the medical press. Coming from a member of the Metropolitan Asylums Board, it seemed to me an invitation to the public in general to apply for aid to that body in case of need. Acting on this view, I had an opportunity last week of advising direct application to Norfolk House for the removal of a servant ill with scarlet fever from a house of business in a fashionable part of the parish of St. George, Hanover-square. A telegraphic request for ambulance and hospital accommodation was sent off at 4 o'clock P.M., and a certificate by messenger followed; by 6 o'clock the ambulance with a nurse arrived, and the patient was removed, with no further delay than was needed to procure another certificate from our dispensary resident medical officer, Dr. Percy Rendall. Another time the certificate, very properly required by the nurse, could be left in readiness with the patient. Very little time was lost in this case, as doctor and patient were only separated by the length of one street. The occurrence was notified to the medical officer of health, Dr. Corfield, and in a very short time the room the patient had occupied was sulphured, the bedding being taken away to be stoved and thoroughly disinfected, all without cost to the household concerned.

I wish to contrast with this what happened a few days before near the dispensary, but in an opposite direction. A young girl, living at home with her parents, was engaged to assist by day in a large house near where a servant was laid up, as was said, with cold and sore-throat; at the end of a week the servant reappeared among the others for a day or two until she left for the country as convalescent, then this girl suddenly sickened, and was seen by me on the second or third day, in consultation with Dr. Rendall, to confirm his diagnosis of scarlet fever.

In the one case, a source of infection is not only at once removed from among us, but its course in any other direction prevented; in the other, we trust that the vigilance and tact of our sanitary authorities may eventually, after much care and trouble, succeed in averting further mischief, as far as our district is concerned. But what as to the neighbourhood where the convalescent goes, without any precaution taken, or even a word of warning given? This, however uncertain, is indicative of one way in which country epidemics follow any extension of scarlet fever in London. Want of encouragement delays the Asylums Board in providing for us the accommodation of a convalescent home at Winchmore Hill, in addition to that of perfectly appointed ambulances. *The Times*, in its faint support of the letter above referred to, commends the Board ambulance to anyone "who is able to pay for these conveniences." Now, it is precisely to those who can pay but little, or who cannot pay at all, that they are to be commended. The charge is small; if the expense is not recovered at once, it is saved in the long run, or else all will feel a little as ratepayers, what we know too well as doctors, that "good is often done at a loss."

I am, Sirs, your obedient servant,

Orchard-st., W., Feb. 28th, 1887. WILLIAM SQUIRE, M.D.

THE PRESENCE OF BLOOD IN THE PERITONEUM.

To the Editors of THE LANCET.

SIRS,—My sole object in replying to Mr. Lawson Tait's first letter was to remove a misapprehension under which he seemed to labour as to the aim and object of my experiments, and as to the conclusions which I had deduced from them. It was neither my wish nor my intention to enter upon any discussion with him on the subject of peritoneal surgery. I am therefore somewhat at a loss to conceive with what object Mr. Lawson Tait has again recurred to the subject in your issue of Feb 19th. If it was to expose my ignorance of the surgery and pathology of the human peritoneum, his letter must be regarded as somewhat premature, as I have not as yet expressed any views on either subject, and the extent of my knowledge must therefore be quite unknown to him.

A simple statement that the *function* of the heart in man and in the dog is probably the same does not of necessity imply absolute ignorance on one's part of the pathology of that organ in the case of man; and yet it is on precisely similar grounds that Mr. Lawson Tait bases his charges of ignorance against me in regard to the surgery and pathology of the human peritoneum. If, on the other hand, his letter was intended as a criticism of my paper on "Intraperitoneal Transfusion," now in course of publication, I can only conclude that Mr. Lawson Tait has not even done me the honour of reading the paper which he now proceeds to criticise so adversely. If he has done so, then I must venture to protest, both on my own behalf and in the interests of all fair discussion, against the misrepresentation to which he has subjected the nature of my experiments—a misrepresentation whose completeness can only be fully appreciated by those already acquainted with the subject of transfusion. For, so far from having injected "blood of various kinds and from various sources, foreign and domestic," into the peritoneal cavity, I have expressly stated in my paper that blood of only one kind, and from only one source, was used—viz., that obtained from an animal of the same species as the one operated upon, the behaviour of which, as is well known, is in all respects similar to that of the animal's own blood; and, so far from "dogs and guinea-pigs" having been employed for my purpose, no mention is even made of guinea-pigs throughout the whole course of my paper, and all my experiments, with some two exceptions, were performed on rabbits.

I must confess my inability to see what useful object it can possibly serve to continue a correspondence apparently made up for the most part of explanations on the one side, and personal charges of ignorance and misrepresentation of facts on the other. I trust, therefore, I may be excused if I decline to take any further part in it.

I am, Sirs, your obedient servant,

Edinburgh, Feb. 23rd, 1887. WILLIAM HUNTER.

*** This correspondence must now cease.—ED. L.

CANCER OF THE BODY OF THE UTERUS.

To the Editors of THE LANCET.

SIRS,—I shall be glad to be allowed to make a few friendly comments on Dr. John Williams' interesting Harveian Lecture on Cancer of the Uterus, reported in your issue of Feb 12th.

Of cancer of the body of the uterus Dr. Williams says: "This is a form of cancer which is much less common than that of the cervix, and, indeed, it was at one time thought that cancer never attacked this part of the organ primarily. *It is certain that the disease occurs much more frequently than is generally supposed.*" (The italics are my own.) We have at the Middlesex Hospital unusual opportunities for the study of the pathological anatomy of cancer of the uterus, as there are on an average more than twenty necropsies made annually on the subjects of this disease. I have been in charge of the pathological department for the last six years, and have paid especial attention to the incidence of cancer on the various portions of the uterus. My experience leads me to the conclusion that primary cancer of the body of the uterus must be an extremely rare affection, as I have not met with a single example of it in more than 120 cases. My colleague, Dr. Sidney Coupland, who preceded me in office, and had an almost equally long experience, tells me that he can only recall one undoubted case of primary cancer of the body of the uterus.

I have met with several cases of malignant disease infiltrating the fundus uteri, but in all it originated in some neighbouring organ or growth, and affected the uterus secondarily. In three such cases the site of the primary growth was a fibro-myoma of the uterus, and in one of these the new growth was a myxo-sarcoma. Dr. Williams describes three out of twelve cases which he has met with, which were believed to be examples of malignant disease of the body of the uterus; in the other nine no microscopical examination of the growth was made. I confess that these cases do not appear to me to be beyond doubt. With regard to Case 22, that of a patient who died in the Middlesex Hospital under the care of Mr. Henry Morris, and on whom I made a post-mortem examination, my recollection (and description in the Pathological Report of the hospital) does not quite agree with the account given by Dr. Williams, as I believe the disease originated in the fibroid tumour and spread thence to the body of the uterus.

I have met with a case very similar to the one described as Case 20, in which there was a communication between the uterus and intestine sufficiently large to admit the thumb. In that case it seemed clear that the disease had spread from the intestine to the uterus, and not *vice versâ*. May it have been so in Dr. Williams' case? Whilst, then, I think that they are wrong who hold that cancer never affects the body of the uterus, yet I believe that view to be nearer to the truth than that "it occurs there much more frequently than is generally supposed."

I am, Sirs, yours faithfully,

Clarges-street, Feb. 15th, 1887. J. KINGSTON FOWLER, M.D.

THE CHILDREN'S HOSPITAL, MANCHESTER.

To the Editors of THE LANCET.

SIRS,—Your Manchester correspondent, in a letter published in your issue of Feb. 26th, refers to some allegations which have been made in reference to the reception of infectious cases into the fever ward of the Children's Hospital in this city, it being insinuated that outbreaks of fever frequently occur in the general wards; and, moreover, that children admitted for one infectious disease contract another during their stay. He further says that this has not been denied. As these statements as they stand are hardly fair to the authorities of the Children's Hospital, may I ask you for space for a few lines in order to put the facts before your readers? The allegations to which your correspondent refers appeared in some letter to the public press, written in anything but a friendly spirit towards the hospital by a critic who had not the courage to sign his name. It can hardly be surprising if under these circumstances the hospital authorities declined to discuss the subject with him in the public press. But I must confess that I expected better things of your correspondent, who, if he had consulted the yearly volume of abstracts of medical and surgical cases, &c., published annually by the hospital, for the last five years, which gives all details of the cases, post-mortems, *infectious disease arising in the hospital*, &c., he would have seen many of the allegations referred to had no foundation in fact, at any rate at the present time. We have undoubtedly a fever ward, which is used solely for the admission of scarlet fever cases, no other cases of infectious disease having been admitted to the ward for at least five years, though during this period there have been several outbreaks of measles and chicken-pox, which have been due to the admission of cases admitted with scarlet fever who were incubating measles or chicken-pox at the time of their admission. I need hardly say that no amount of care on the part of the medical officers can obviate this. With regard to the general wards we have had cases of scarlet fever arising from time to time in them, but the number of these, taking the five years 1881-5 (*vide* abstracts), amounts to less than 1 per cent. of the admissions to the general wards during this period, and in many of these cases the infection was clearly traced to cases admitted incubating scarlet fever; while in the others no definite source of infection could be ascertained. I would ask, Can other children's hospitals where no scarlet fever is admitted show a better record? Or can fever hospitals where scarlet fever, erysipelas, typhus, small-pox, &c., are received show a better case?

Your correspondent very properly asks "that the serious attention of the management should be directed," &c., to this important question. I am happy to be able to assure him that for many years past the most serious attention of both the medical officers and board of governors of the hospital has been given to this question, that all cases of infectious disease arising in the general wards have been reported to the medical board, and by them to the general board, with the object of tracing the source of all such cases of infection, and of adopting the most stringent means to prevent the introduction of such disease from without or its transference from within.

I have no reason whatever to complain of the tone of your correspondent's letter as regards this question, but surely he can hardly expect the authorities of the Children's Hospital to waste their time over anonymous critics in the Manchester papers who take no pains to make themselves acquainted with the facts of the case.

I am, Sirs, yours truly,

Manchester, March 1st, 1887. HENRY ASHBY.

"GENERAL HOSPITALS AND PARISH INFIRMARIES."

To the Editors of THE LANCET.

SIRS,—I was pleased to see in your issue of Feb. 12th the boldness with which Dr. Goodhart has advocated a closer connexion between general hospitals and parochial infirmaries, as I believe that it is in this direction we must look for a satisfactory and permanent solution of the difficult problems connected with hospital finance and management. Within less than a mile of the house in which I am writing are three large parochial infirmaries, with an aggregate accommodation for not less than 1200 patients, and probably many more; the professional staff is represented by a total of three chief and three assistant resident medical officers. Compare with this the three nearest general hospitals, with an aggregate accommodation for 144, and a total staff of seventeen, of whom five are resident and twelve honorary. In neither case have I included officers whose duties are connected with out-patient work, and to none of the general hospitals mentioned is a school attached. It is obvious, therefore, that in the case of the infirmaries there must be an immense waste of clinical and pathological material. Even admitting the chronic nature of the majority of the cases treated in the infirmaries, I believe that Dr. Goodhart will agree that many valuable lessons are to be learnt from the study of even these, while there can be no doubt that many cases whose ending it would be of much interest to note, after going the round of the general hospitals, sink into oblivion within the walls of one or other parish infirmary. Curiously enough, an instance of this has just come under my own observation in the case of a man to whom I was called some few days back; he was suffering from some obscure cerebral mischief, and I urgently advised his friends to take him to the hospital, of which he was an inmate some two years ago. He was taken, instead, to the parish infirmary, and I have just been informed is now *in articulo mortis*.

I trust that the ventilation of this subject in your columns may lead to the promulgation of some definite scheme for bringing into touch the parochial infirmaries, the general hospitals, and the medical schools throughout the metropolis.

I am, Sirs, yours obediently,

Feb. 1887. J. FREDK. W. SILK.

BIRMINGHAM.

(From our own Correspondent.)

PROPOSED MIDLAND UNIVERSITY.

A PAPER read by the Rev. Dr. Crosskey on this subject at a recent meeting of the Philosophical Society elicited an animated and useful discussion. As the medical element is largely involved in all university teaching in the present day, a claim was put forward by Professor Haycroft, of Mason College, for an extension of facilities for obtaining degrees in a midland centre. It was shown, however, that it would be impracticable and undesirable to establish a midland university for a long time to come, and the arguments against it from a financial point of view were thought to be insuperable in the existing state of difficulty in obtaining the necessary funds. The arrangements for medical teaching at the Birmingham School were pointed out as having been vastly improved, and the association with Mason College established a federation which afforded excellent ground for preparation to any of the examining bodies.

THE JAFFRAY SUBURBAN HOSPITAL.

The inmates of this admirable branch of the general hospital were lately gratified by a visit from Madame Marie Roze, whose kindness and sympathy won golden opinions. With characteristic geniality, she charmed them by singing some well-known songs. She left an impression which will long be remembered, as much by the rare vocal powers of the gifted artiste as by the graceful and kindly manner in which she exhibited her attention to the suffering patients in the various wards she visited on the occasion.

INSTITUTION FOR TRAINING NURSES.

Birmingham possesses an exceptionally well-managed and thriving institution for this purpose. The report shows that there are ninety-four nurses, and that the transactions of the year had been carried out with efficiency and success. The statement of accounts at the annual meeting showed that the total income for the year had been £3225 17*s.*, and the total expenditure £2981 5*s.* 5*d.*, giving a balance of income over expenditure of £244 11*s.* 7*d.* From this sum had to be deducted a transfer to the sinking-fund for the provision for new premises of £100, a condition of things which must be regarded as satisfactory and promising well for the future.

BIRMINGHAM AND MIDLAND COUNTIES SANATORIUM.

Another useful institution, of which the twenty-first annual meeting was held on Feb. 24th, also showed that its place was well maintained in the estimation of the public. In the year 1886 as many as 1016 patients were admitted, the weekly cost of each bed being as low as 6*s.* 4¼*d.* The absence of complaints and the gratitude of the patients were marked features in the report, while the financial position was shown to be sound. As a valuable aid to convalescence this institution is well worthy of support.

Birmingham, March 2nd.

LIVERPOOL.

(From our own Correspondent.)

THE ASSIZES.

THE winter assizes for the south-west division of Lancashire concluded on the 24th ult., having lasted all but three weeks. Among other cases of medico-legal interest was one from Southport, in which a youth of sixteen was charged with shooting a girl. The bullet entered the girl's heart, and she died soon afterwards. The charge of murder was withdrawn, and the prisoner found guilty of manslaughter. The Oldham poisoning case, which lasted four days, is the third case of the kind which has been tried in this county within the last three years. The case of the women Flannigan and Higgins, which was the first, was a series of wholesale poisonings, the first-named prisoner acknowledging that she had assisted in poisoning eleven persons. The second case, that of the woman Britland, tried in Manchester last summer, showed that three victims had succumbed to poisen administered by her. And in this most recent case, since the prisoner was sentenced to death for the murder of her child, a coroner's jury has returned a verdict of wilful murder against her, her mother having died more than a year ago with symptoms of poisoning by atropia. These repeated murders have been much commented on by the daily press, and are calculated to create a very uneasy feeling among the public. It is to be hoped that as time advances it will be found easier to detect the very first symptoms of poisoning, to save the intended victims, and to bring their would-be murderers to justice. This will impress the public more favourably than the conviction of prisoners only after a series of murders.

THE NETHERFIELD-ROAD FEVER HOSPITAL.

Dr. Robertson, visiting physician to the Liverpool parish infirmary, has been selected by the Hospitals Committee for the office of visiting physician to the Hospital for Infectious Diseases recently acquired by the city corporation. Dr. Robertson has had considerable experience in the treatment of these cases, and the selection is a wise one.

Liverpool, March 2nd.

EDINBURGH.

(From our own Correspondent.)

THE SCARLET FEVER EPIDEMIC.

DURING the past week the epidemic has steadily declined in its intensity, and the state of extraordinary pressure at the City Fever Hospital has greatly abated. Although all parts of the city have been affected, the outbreak has been much more severe in the northern and western districts than elsewhere; the epidemic has thus avoided the most crowded districts, and has been worst in the more open and the more opulent quarter. During February 41 deaths have occurred from the disease out of the 597 cases intimated to the city authorities during that time.

THE ARCHITECT AND HEALTH.

Dr. J. A. Russell, F.R.C.S.E., one of the bailies of the city, lectured on this subject last week before the Edinburgh Architectural Association. In describing the status of the architects in the community, he pointed out that theirs was the only profession for which no academic or official form of training was demanded beyond a mere system of apprenticeship. He advocated a system by which they should become thoroughly acquainted with the most recent advances of natural philosophy and with the laws of health in relation to light, heat, ventilation, and drainage. So qualified, he would be ready to see extended to them a monopoly comparable to that enjoyed by Law and Medicine, and with similar powers to suppress irregular practice. Referring to the improved death-rate in children of school age, he had little doubt that it was largely due to the efforts of Board school architects who have provided for the children surroundings better than those of their own homes. In discussing the ventilation of Board schools, he spoke of a mechanical system as that likely to be ultimately adopted, since with the cubic space authorised by the Education Department it was all but impossible to obtain complete ventilation by natural methods. In connexion with this question, Bailie Russell is at present engaged in a research into the atmospheric condition of public buildings of various descriptions throughout the city. The Town Council have authorised a special grant for the purpose, and the experiments are to be carried out in the Public Health Laboratory at the University by Dr. Hunter Stewart and Dr. Cosmo Burton.

SANITARY PROTECTION ASSOCIATION.

The annual meeting of the Association was held last week under the presidency of Professor Sir Douglas Maclagan. The annual report shows that the work of the Association has been largely augmented, and that an increased number of the citizens have availed themselves of its services. The officers of the Association are to furnish plans for buildings arranged to ensure perfect sanitation; to inspect dwelling-houses, and report on their sanitary state; to supply recommendations and estimates for remedial measures, and to carry out alterations. Transactions to the extent of between £2000 and £3000 have been carried on by the Association in the last twelve months. The chairman, in moving the adoption of the report, commented on its favourable nature, and stated that they were not a body striving to obtain dividends, but that their sole object was to carry on an important public sanitary work.

SCIENTIFIC RESEARCH IN EDINBURGH.

The Royal College of Physicians has now perfected the scheme for instituting a research laboratory in Edinburgh. There is a general consensus of opinion that this arrangement will be fraught with great good to the Edinburgh school. The new laboratory, which will be amply fitted with apparatus and all requirements for original work, is to be placed under the care of a well-qualified scientific man and an assistant, and is to be open on an easy arrangement to all would-be workers. This arrangement will bring the opportunity of doing useful work within the reach of many of our younger practitioners who have time to engage in it, but who have till now been debarred from research by the exorbitant tariffs of the University laboratories. The College could not have found a better means of employing usefully a portion of its great wealth.

Edinburgh, March 1st.

DUBLIN.

(From our own Correspondent.)

ROYAL COLLEGE OF SURGEONS.

THE Council have agreed upon a scheme for the granting of a diploma in Public Health, and have submitted the same to the Medical Council for approval. The fee is fixed at seven guineas, and the examination will be a very strict one. The conjoint scheme will be discussed by the Council this week on a motion by Dr. Kidd. Sir Charles Cameron's suggestion for a dual scheme will also be under consideration.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

At a quarterly meeting of the Central Committee held last week, the following resolution was adopted: "That the Central Committee of the Royal Medical Benevolent Fund Society of Ireland have learned with much regret of the lamented deaths of Dr. Purdon of Belfast, late local honorary secretary, and of Dr. John Denham, Dr. H. Kennedy, and Dr. E. G. Brunker, members of the Central Committee; and at this their first meeting since their deaths, desire to express their sense of the loss they have sustained, and their sympathy with the respective families in their bereavement."

CITY OF DUBLIN HOSPITAL.

Last week Mr. H. Gray Croly operated for varicose veins, and removed several inches of the internal saphenous vein in the right thigh and leg. The patient, a female, three weeks since had been operated upon by him in a similar manner on the left lower extremity, and the wounds had quite healed. Mr. Croly uses a drainage-tube, but removes it after a couple of days, as he considers it has a tendency after that to act as a foreign body. He afterwards fired an enlarged knee-joint by the thermo-cautery in the case of a boy with a strumous history. This was followed by an operation for sequestrotomy by Mr. Henry Fitzgibbon for necrosis of the left ulna, occurring as the result of acute periostitis. A couple of weeks previously Mr. Fitzgibbon had removed several inches of the humerus of the right side in this patient, arising from the same cause. A large sequestrum, fully four inches long, was removed. Esmarch's bandage was used, and very much facilitated the operation.

FEVER IN CORK.

The medical officers of the Cork Fever Hospital for the past year state that the increase in the number of admissions, as compared with the previous year, was due to an epidemic of typhoid fever which prevailed in the city during the autumn and winter months. They are glad, however, to be able to note a sensible diminution in the records of the fevers of the present day, as compared with those of years gone by. They hope that there will be a compulsory system of legislation enacted, to be enforced in those places where the sick are lying in their homes of dangerous infectious disease, and that the inmates will not be allowed to walk abroad, sell their merchandise, or associate with their fellow-beings, until such time as they are free from the danger of propagating disease. A good deal has been done, but a great deal more requires to be done before Cork can be called the "Modern Hygeia," which they consider it is justly entitled to by reason of its situation. Better swimming-baths are required for the public; a better system of drainage, and a water-supply so arranged as to effect a simultaneous flushing of all the drains of the city when the tide is out. In order to ensure a better water-supply for the city, the medical staff strongly urge on the corporation, as the urban sanitary authority, the necessity of keeping strict supervision over the river Lee and its tributaries, so as to prevent the possibility of the water-supply being polluted along its course.

MUSCULAR ANOMALY.

I had an opportunity of examining last week, in the dissecting room of the Ledwich School of Medicine, an example of the biceps flexor cruris arising by three heads. The extra head came off below, and outside the insertion of the coracobrachialis, that muscle slightly overlapping it at its insertion. The third head passed down and was inserted into the tendon of the biceps at its posterior aspect. I described a somewhat similar biceps a couple of weeks since, with this difference that the third head was inserted about the middle of the muscle posteriorly. Both these specimens were in females, and on the left side.

DROGHEDA UNION.

Drs. O'Keeffe, Delahoyde, and Callan are proceeding against the guardians of this union for fees due to them under the Labourers Act. The guardians have refused their medical officers a fair remuneration, but last week, without hesitation, gave a cheque for £120 to their solicitor in order to defend the action against the board.

It is intended to present Dr. B. Kennedy, resident surgeon to Mercer's Hospital, with an address and testimonial, as a mark of sympathy with him in the recent prosecution at the police-court, in which he was honourably acquitted.

Dublin, March 1st.

BURMAH.

A CORRESPONDENT at Burmah favours us with the following notes:—

DEATHS OF SURG. E. W. KELSALL AND DR. J. PEDLOW.

THE Official Bulletin of Dec. 7th, 1886, Burmah Field Force, published at Mandalay, says:—"Yemethin, Dec. 6th, 1886. Surgeon Kelsall, Medical Staff, died of cholera this morning." Mr. Kelsall's commission dated March 31st, 1875. He was born on August 9th, 1851. He served in the Afghan war, 1879 to 1880: defence of Candahar. Mentioned in despatches, *London Gazette* of Dec. 3rd, 1880; medal. Also in the Egyptian Expedition of 1882: action at Kassassin; battle of Tel-el-Kebir. Mentioned in despatches; medal, with clasp and bronze star. Mr. Kelsall leaves a wife and family to mourn their loss. He is the second member of the Army Medical Staff who has recently died of cholera in the Burmah Field Force.

Dr. James Pedlow, surgeon, Army Medical Staff, born Oct. 16th, 1851, died of cholera on Oct. 21st, 1886, on the ss. *Rangoon*, while on his way up the Irrawaddy in charge of two sections of a field hospital ordered to Bhamo.

PERILS OF "NON-COMBATANTS" ON THE FIELD.

Surgeon John MacGregor, M.D., of the Bombay Medical Service, has again had a pony killed in action; this time in the Shan Hills (Nov. 1886). In April last, when in medical charge of the expedition against the Ponkan Rachin Saubwá, his pony was shot dead while he was dismounted and dressing a severe gunshot wound of the knee-joint. Dr. MacGregor was for many months senior medical officer of Bhamo, and the first civil surgeon at that place. He was very successful in the operations he performed after the engagement with the Rachins and other marauders.

The following medical officers are in charge of British field hospitals:—No. 4 Field Hospital: Surgeon-Major A. Minto, M.B., A.M.S. No. 5: Surgeon-Major R. de la Cour Corbett, A.M.S. No. 16: Surgeon-Major William Venour, A.M.S. No. 17: Surgeon-Major T. W. Patterson, A.M.S. Surgeon-Major R. Vacy Ash, M.B., has been appointed Assistant to the Principal Medical Officer, Burmah Field Force. Surgeon W. A. Morris, A.M.S., has been appointed to the charge of the Ambulance Corps followers. Surgeon M. O'C. Drury has been appointed to the Charge of the C and D Sections, No. 16 Field Hospital at Katha. Surgeon F. H. M. Burton has been transferred from the Charge of the B Section, No. 5 Field Hospital at Bhamo, to that of the B Section, No. 17 Field Hospital at Bhamo.

Burmah, Jan. 1887.

THE number of in-patients admitted to the Sussex County Hospital during last year was 1247, which added to 147 remaining on the books at the end of 1885, makes the total number treated 1394.

THE SERVICES.

Deputy Surgeon-General R. A. Chapple, recently Principal Medical Officer of the Northern District, has arrived in India for duty in the Bombay Presidency.

On the 26th ult. the remains of Brigade Surgeon John Henry Hunt, Medical Staff, were interred in the Aldershot Military Cemetery, with the full military honours to the rank of a lieutenant-colonel, which relative rank the deceased held.

WAR OFFICE.—Army Medical Staff: Surgeon-Major James Hector, M.B., is granted retired pay, with the honorary rank of Brigade Surgeon.

ARTILLERY VOLUNTEERS.—3rd Middlesex: Robert S. Fancourt Barnes, M.D., to be Acting Surgeon.

RIFLE VOLUNTEERS.—1st Fifeshire: Lieutenant Charles Edward Douglas, M.D., to be Acting Surgeon.—5th (Isle of Wight, Princess Beatrice's) Volunteer Battalion, the Hampshire Regiment: George Arthur Barr, Gent., to be Acting Surgeon.—5th Lancashire (the Liverpool Rifle Volunteer Brigade): Charles John Macalister, M.B., to be Acting Surgeon.—2nd Oxfordshire: Acting Surgeon G. O. Willis resigns his appointment.

VOLUNTEER MEDICAL STAFF CORPS.—William Collingridge, M.D., Medical Officer of Health for the Port of London, has been gazetted Surgeon to the Volunteer Medical Staff Corps, and appointed Acting Adjutant to the 3rd (Woolwich) division.

MEDICAL NOTES IN PARLIAMENT.

Alleged Insanitary Barracks.

IN the House of Lords, on the 25th ult., in reply to Lord Ormonde, who was supported by Lord Ellenborough, Lord Harris said that he had himself examined the half-yearly reports of the principal medical officer of the Home District made in October and February last, from which it appeared that the drainage at the barracks at Hyde Park was in good sanitary condition. He had also examined the quarterly regimental reports of the regimental officer in charge, and the weekly reports of the same officer for the last seven weeks, and all those reports agreed that the sanitary condition of the drainage in the officers' quarters was good. In June last a very important improvement was carried out in the officers' quarters, when the soil-pipes were put on to the exterior of the wall.

Sandhurst and Woolwich Academies.

On the 28th ult., in reply to the Earl of Strafford, Lord Harris stated that the recommendations of the Board of which the noble lord was chairman were considered so important by the First Lord of the Treasury, the War Office, and by the Secretary of State, that they had endeavoured as largely and rapidly as possible to carry out the changes recommended in their report; but he was sorry to say they had not been able to carry out the changes in such a way as the report suggested. The difficulty of finding sufficient sleeping accommodation for the number of cadets at Woolwich was one of funds. An arrangement was in contemplation for reducing the length of the course, by which the number of cadets at one time would be reduced, thereby increasing the accommodation for those who were there. The room at the Herbert Hospital which the Board suggested should be fitted up for the reception of cases of infectious diseases was, he regretted to say, not available at present, but as soon as possible the matter would be dealt with. With regard to Sandhurst, nearly all the recommendations had been carried out. The recommendations with regard to Woolwich would be carried out by the War Department as rapidly as circumstances permitted.

Lunacy Acts Amendment Bill.

On the 1st inst. the House resumed the consideration in committee of the Lunacy Acts Amendment Bill. In Clause 3—which as it stood when the Bill was first in committee met with strong objection by Lord Selborne and Lord Herschell—the Lord Chancellor introduced an amend-

ment, having for its object to simplify and render more speedy magisterial investigation in lunacy cases. The amendment was agreed to, and the Bill passed through committee.

The Pollution of the Upper Thames.

In the House of Commons, on the 24th ult., Mr. Ritchie, in reply to Colonel Dawnay, stated that the Thames Conservancy Board had prepared a series of bye-laws in regard to the pollution of the waters of the Upper Thames by means of sewage from house-boats and steamers with a view to their being submitted to Her Majesty in Council.

The Status of Army Medical Officers.

On the 28th ult., Major Rasch asked the Secretary of State for War what would regulate the status of army medical officers on board ship or for choice of quarters, their relative rank having been abolished.—Mr. Stanhope, in reply, reminded Major Rasch that relative rank was neither actual nor titular rank, but only a classification for precedence, allowances, and widows' pensions. As relative rank served no useful purpose, it had, he stated, been abolished; but the classification which it represented remains and still regulates all such matters as those referred to in the question.

On Thursday, Sir Guyer Hunter asked the Secretary of State for War whether, since relative rank of the medical officers of the army had been abolished, what rank, if any, they now have in the army?—The Secretary for War, in reply, said: A medical officer holds the rank in the army which his commission confers upon him, and under Article 125a of the Royal Warrant it is provided that for purposes of precedence, allowances, and widows' pension, medical officers shall rank with combatant officers as there laid down. As a matter of fact, the abolition of the term "relat ve rank" has not altered the position of medical officers in any respect whatever.

Small-pox Statistics.

In reply to Mr. Barran, Mr. Ritchie said that he had communicated with the Registrar-General, and had been informed that practically there has been no epidemic small-pox worth mentioning in any of the 19 great provincial towns dealt with in the Registrar-General's reports in the last ten years. Only one small-pox death was registered in that period in Leicester itself, but ten more were registered in the Leicester Borough Hospital outside the town. This gives an annual rate of 9 in 1,000,000 living—a rate, however, which, small as it is, was nevertheless higher than the rates at Portsmouth, Norwich, Plymouth, Bristol, and Bradford. The last calculated rate for the registration district of Keighley is for the ten years 1871-80, as given in the last decennial supplement. The annual rate in the district in that decennium was 270 per 1,000,000 living, and higher than in 25 out of the 32 remaining districts in the West Riding; higher also than in either Hull, Bristol, Manchester, Leeds, Oldham, Bradford, or Brighton.

Alleged Wrongful Confinement in a Lunatic Asylum.

In reply to Mr. W. Corbet, who asked the Home Secretary the result of the inquiries promised into the confinement in a lunatic asylum for seven years of a female alleged to be of sound mind, and whose case was recently under the notice of the Board of Guardians of Paddington Union, Mr. Stuart-Wortley said that he had made inquiry and ascertained that the woman referred to in the question was not an inmate of a county asylum, but of the asylum at Darenth belonging to the managers of the Metropolitan Asylums Board. The President of the Local Government Board has accordingly taken up the matter, and is making inquiries as to the case.

Brompton Cemetery.

In reply to Mr. Baggallay, Mr. Plunket stated that Brompton Cemetery contains in all 38 acres and 20 perches. There now remain available for future graves 4 acres and 34 perches. Since the first burial in Brompton Cemetery in 1840 up to Feb. 26th last there have taken place 135,617 burials. The average number of burials in the last three years was in round numbers 5000. The graves are of different depths, and the coffins are placed in the ground subject to restrictions laid down by the Home Office. No limit can, unless by Act of Parliament, be fixed to the number of interments, except that each year there is less space available for the purpose. The Government does derive a profit (which was last year £7070) from the cemetery.

Supplementary Civil Service Estimates.

The House having gone into Committee of Supply, on the supplementary vote of £1800 for the Local Government Board, Colonel Nolan desired further information on the subject of the inspections of local sanitary areas, which had been undertaken by the Local Government Board.—Mr. Ritchie said that in 1885, it having become apparent that there was considerable danger of an outbreak of cholera in this country, it had been proposed by the Local Government Board that inspections which had been made in the previous year at seaports should be extended to inland towns. The Treasury had assented to the employment of five extra inspectors for the purpose of inspecting the sanitary areas throughout the country. The result had been in every way satisfactory, and fraught with advantages of a permanently beneficial character.—Mr. T. Healy complained that in Ireland all such expenses came out of their own pockets.—Mr. Esslemont urged the claims of those Scotch ports which had taken precautions to prevent disease coming in.—After a lengthy discussion, Sir M. Hicks-Beach undertook to inquire into the matter, and if it were found that Irish boards of guardians had incurred extra expenses of the nature covered by this vote, he would urge on the Treasury that a similar vote should be brought forward to recoup the Irish boards of guardians.—Mr. E. Russell asked for a similar assurance in regard to Scotland.—Mr. A. J. Balfour said he would give an undertaking that he would do his best to secure that such expenses be thrown on Imperial funds.—The vote was then agreed to.

Vaccination.

On the 1st inst., in reply to Mr. T. Robinson, Mr. Ritchie said that the Government could not consent to having the subject of vaccination inquired into, either by a Royal Commission or a Committee of the House. With regard to repeated prosecutions for evasion of the Vaccination Act, the views of the Local Government Board were, he remarked, well known. They were set forth in a letter to the Board of Guardians of the Evesham Union, which was presented to Parliament. He could not hold out any hope of legislation with the view of preventing the imposition of cumulative penalties.

Medical News.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on Feb. 24th, the following degrees were conferred:—

BACHELOR OF MEDICINE.—Roger Alan Birdwood, Peterhouse; William Heaton Hamer, Christ's; Edward Lawrence Fox, Cavendish Hostel.

BACHELOR OF SURGERY.—Edward Lawrence Fox, Cavendish Hostel.

COLLEGE OF PHYSICIANS IN IRELAND.—At the February examinations the following obtained licences in Medicine and Midwifery of the College:—

MEDICINE.—James Butler, James Davis Egan, Thomas McCraith Foley, James S. Freeborn, Thomas Morton Frood, William Richard George Hamilton, Vincent Nash.

MIDWIFERY.—James Davis Egan, Vincent Nash, Edward Francis O'Sullivan.

The undernamed have been admitted Members:—

Patrick Thomas Lyster. | Ralph Stone.

BRITISH MEDICAL SERVICE.—The following is a list of candidates who were successful for appointments as Surgeons in the Medical Staff of H.M. Army at the competitive examination in London on Feb. 14th and following days:

	Marks.		Marks.
Smith, H. E. H.	3390	Paterson, J.	2815
Alexander, G. F.	3280	Trask, J. B.	2800
Gore-Graham, W. P. ...	3210	Forbes, N. H.	2785
Woods, E. M.	3195	Freeman, E. C....	2755
Spong, C. S.	3140	Davoren, V. H. W.... ...	2730
Leishman, W. B.	3125	Copeland, R. J....	2720
Rawnsley, G. T....	3060	Blenkinsop, A. P.	2670
Thomson, J.	3040	Borrodaile, A. L.	2640
Reilly, C. W.	2990	Halloran, W.	2640
Crofton, W. J....	2895	Birt, T....	2630
Wright, A....	2880	Peeke, H. S.	2630
Luther, A. J.	2850	Smyth, R. H.	2630
Girvin, J.	2830		

INDIAN MEDICAL SERVICE.—The following is a list of candidates for appointments in this Service who were successful at the competitive examination recently held at

Burlington House. Of the 73 candidates who competed for 28 appointments, 70 were reported qualified:—

	Marks.		Marks.
Meyer, C. H. L.	3435	Fisher, L. G.	2995
Elliot, W. H. W.	3340	Buchanan, A.	2970
Childe, L. F.	3320	Manifold, C. C.	2905
Clark, W. R.	3290	Jacob, A. H.	2900
Braide, G. F. W.	3270	Garvie, J.	2890
Murray, J.	3230	Jolliffe, A. R.	2880
Hailey, P. O. W.	3160	Crawford, F. J., M.D.	2770
Marks, R. J.	3150	McEvoy, W. G.	2760
Ker, M. A.	3100	Macleod, H. W. G.	2760
Barry, T. D. C.	3040	Robertson, R.	2750
Gilbert, C. E. L.	3040	Irvine, G. B.	2730
Vost, W.	3040	Moore, T. C.	2730
Herbert, H.	3035	Karney, W. H.	2720
Sander, C. E.	3000	Simpson, D.	2720

SOCIETY OF APOTHECARIES.—The following gentlemen passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise on the 24th ult.:—

Carver, Arthur Richard, Wenallt, Carmarthenshire.
Olding, Arnold Ebenezer, Lancaster Villas, Brighton.
Thebalds, Owen Le Marc, East Looe, Cornwall.

A DONATION of £5000 has been received by the committee of the Worcester Infirmary from an anonymous donor.

A CONCERT, which proved highly successful, was given on the 28th ult. by the Children's Orchestra on behalf of the Victoria Hospital for Sick Children.

A PUBLIC MEETING in aid of the funds of the East London Hospital for Children, Shadwell, is to be held in the Egyptian Hall of the Mansion House to-day (Friday), the Lord Mayor presiding.

A DRAMATIC PERFORMANCE, under distinguished patronage, in furtherance of the appeal on behalf of Guy's Hospital, will be given at the Novelty Theatre on the 21st prox.

THE first annual meeting of the members of the Medical Defence Union was held on the 23rd ult., when the report for the past twelve months was read. Mr. Lawson Tait was elected president for the current year.

CITY DISPENSARY.—The Lord Mayor presided at the ninety-eighth annual festival in connexion with this institution on the 24th ult. During the evening subscriptions amounting to nearly £400 were announced by the treasurer.

AT a recent meeting of the Buildings Committee of the Tynemouth Infirmary it was decided to erect a new building at a cost not exceeding £3000. The Duke of Northumberland has signified his intention of giving a site for the new hospital.

SUBURBAN SEWERAGE.—At a special meeting on the 28th ult., the Richmond vestry adopted a petition to the Local Government Board, asking that body to issue a provisional order forming a joint main sewerage board for the parishes of Richmond, Mortlake, Barnes, Kew, and Petersham.

THE annual banquet of the Newcastle Clinical Society took place recently, under the genial presidency of Dr. Oliver, while Mr. W. G. Black acted as a most efficient secretary. The entertainment left nothing to be desired, and will be long remembered by the Society and its numerous guests.

EPIDEMIC OF MEASLES AT STONYHURST COLLEGE.—Stonyhurst College is at present visited by an epidemic of measles of a very virulent type from which several deaths have occurred. The disease was introduced from Germany, and all possible precautions are being taken to confine the disease to its present limits.

ST. PANCRAS AND NORTHERN DISPENSARY.—The annual meeting of the governors of this institution, which was instituted in the year 1810, was held on the 1st inst. The report stated that 2558 cases were treated during the past year, as against 2076 during 1885. The treasurer's account showed there was a balance at the end of the year of £47 18*s.* 2*d.* only. From a letter read during the meeting it appeared that the present is the fiftieth year Her Majesty has bestowed her patronage on the institution.

BEQUEST.—The governors of the East Suffolk and Ipswich Hospital have been informed by the executors under the will of the late Alderman Booth that a legacy of £500, free of duty, is to be paid for the perpetual endowment of the Pembridge Cot in the children's wing of the hospital, with a request that the name be altered to the Booth Cot.

PATIENTS FOR M. PASTEUR.—Dr. Thursfield, medical officer of health for Shrewsbury, left London for Paris on the 2nd inst., accompanied by six patients who are suffering from the bites of a rabid dog. The inhabitants of the neighbourhood have liberally subscribed towards the necessary expenses of placing the sufferers under the treatment of M. Pasteur.

STANLEY HOSPITAL, LIVERPOOL.—At the annual meeting of the supporters of this institution on the 28th ult., it was reported that the total number of out-door patients who had been treated during the past year was 12,475, and of in-patients, 661. From the financial statement it appeared that the receipts amounted to £1730 and the expenditure to £2975, leaving a balance of £2767 now due to the bank.

THE KENSINGTON VESTRY BILL.—This Bill, the object of which is to enable the vestry to acquire land for the purpose of erecting thereon a dust destructor, has been approved by a select committee of the House of Commons. Two conditions have, however, been imposed—viz., first, that the dust should be destroyed immediately and not stored; and second, that a portion of the land to be acquired should be set apart as a public recreation-ground.

DEATH OF AN AGED SPANISH PRACTITIONER.—Don Rosendo Moreno y Valesco, a venerable Spanish practitioner residing in Logroño, who would have completed his hundredth year on Feb. 25th, has just died. Considerable preparations were being made for a public celebration of the day, no misgivings having been expressed as to the probability of Don Moreno living to see it, as up till quite recently he had been in good health and in actual practice.

NEW HOSPITAL FOR MADRID.—*El Siglo Médico* states that the plans of the new Hospital of San Juan de Dios, which is about to be erected by the corporation of Madrid, are most complete. The number of beds provided for is 644. The building is to be in ten pavilions constructed of brick and iron on the Tollet system, and separated from one another. It is expected that the building will not be completed for four years.

THE COLONIAL AND INTERNATIONAL CONGRESS ON INEBRIETY, organised by the council of the Society for the Study and Cure of Inebriety, and unavoidably postponed from 1886, will be held on Wednesday, July 6th, 1887, in the Westminster Town Hall, London, S.W. At the day sittings, after the president's opening address, papers on various phases of inebriety as a disease, and on legislation for inebriates, will be read. The hon. secretary is Mr. C. H. Bishop, 42, Grove-road, Regent's-park, N.W.

PROVIDENT SURGICAL APPLIANCE SOCIETY.—During the past year this Society has helped with instruments 4343 patients, making a total since its establishment of 40,611 who have been relieved. The receipts for the year amounted to £2273, and the expenditure to £2236. This is the first occasion since the formation of the Society, fifteen years ago, that the accounts have showed a balance in hand. The anniversary festival is to be held at Willis's Rooms on the 27th prox.

THE JUBILEE.—In connexion with the Queen's Jubilee in Belfast, it was stated at a meeting of the General Committee of the Belfast Royal Hospital, on the 28th ult., that one of the most pressing necessities in the town was the want of a hospital for consumptive patients, of whom there is a very large number, in consequence of the nature of the employment in which the operatives are engaged in the linen mills and factories. Mr. Foster Green offered to build a new wing to one of the local hospitals, and fit it up for consumptive patients, provided the town supplied a permanent endowment, which would be secured by a contribution of £15,000. Mr. Green will further provide £1500 of the latter amount.—At a meeting at Glasgow on the 28th ult. it was agreed to erect a hospital for the southern district of the city as a memorial of Her Majesty's Jubilee.

At a public meeting held at Romford on the 21st ult. it was resolved to erect a cottage hospital in commemoration of the Jubilee. The Duke of Grafton has consented to preside at the festival dinner early in June next on behalf of the extension fund towards the completion of the new wing of the City Orthopædic Hospital, in commemoration of Her Majesty's Jubilee year.—Mr. Tharia Topan, a well-known British Indian subject at Zanzibar, has announced his intention of celebrating the Queen's Jubilee in that town by giving a suitable building for a general hospital, open to all nationalities, and to endow it with £15,000, subject to the single condition that the building and endowment fund be placed under the protection of the British Government.

LIDDELL PROVIDENT DISPENSARY, JARROW.—At the annual meeting of this dispensary (erected in memory of Canon Liddell, and successfully conducted on the provident system), the medical officer reported that he had paid 4688 visits, and had 7468 consultations at the dispensary, where he had also dispensed 11,195 prescriptions. The financial statement was satisfactory, the institution being self-supporting; but these figures lead one to think that the success of the dispensary must be due to the untiring energy of the medical officer.

NEWCASTLE CHILDREN'S HOSPITAL.—The annual meeting of the Newcastle Children's Hospital has just been held, under the presidency of Sir Wm. G. Armstrong. The number of in-patients treated had been 161, as compared with 156 in 1885, and the number of out-patients had been 2660, as compared with 2483 in 1885, showing that the useful work of the institution had been steadily maintained. The total cost per head per letter for four weeks had been—for in-patients, £2 0*s.* 2*d.*, as compared with £2 12*s.* 11*d.* in 1885.

SCARBOROUGH SEA-BATHING INFIRMARY.—The annual meeting of supporters of this institution was held on the 28th ult., when, in their annual report, the committee congratulated the subscribers on the continued usefulness and success of the institution. During the past year 594 patients have been received, this number exceeding that of any previous year by 32. The expenditure for the year was £1519, showing an increase of £20, and the receipts, including a balance of £92 brought forward from 1885, amounted to £1737.

SHEFFIELD CHILDREN'S HOSPITAL.—The annual meeting of the governors and friends of this institution was held on the 25th ult., when it was reported that the number of individual out-patients during 1886 had been 3626, and that the number of in-patients had increased from 125 in 1885 to 142. The total receipts were £859, and the expenditure was £99 less than the income. It is proposed to erect a new wing in connexion with the hospital, the present accommodation for in-patients being inadequate to the demands made upon the charity.

ST. JOHN AMBULANCE ASSOCIATION.—The Streatham division of the Metropolitan police having undergone a course of instruction in "first aid to the injured," under Deputy Inspector-General M. Coates, R.N., have been examined by Mr. Steet, F.R.C.S., chief medical officer, General Post Office, with the result that the whole of the candidates (twenty-three in number) have been awarded certificates.—Lord Lyttelton presided last Monday at a meeting of the Great Western Railway employés at Paddington, when an address was given by Sir Vincent Barrington, deputy chairman of the above Association.

LONDON SANITARY PROTECTION ASSOCIATION.—The sixth annual meeting of the members of this Association was held on the 26th ult., under the presidency of Lord Chelmsford. The report for the year showed that the number of members was 1144. The number of houses inspected for the first time last year was 398, and the percentage classified as in a bad condition was 59, as against 55 for the previous five years. Suggestions were made for enlarging the operations of the Association by undertaking the inspection of a smaller class of house at a reduced fee, and also the supervision of new building estates on special terms.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—The quarterly meeting of this Association was held at Bethlem Hospital on Wednesday, Feb. 23rd. The chair was taken by Dr. Savage. Dr. Baker exhibited a model of a crib bedstead, with a close top, as recently in use at Utica Asylum. Dr. Savage then introduced for discussion the question, "Whether there is ever sufficient reason for the use of strong clothing and side-arm dressings," which was followed by an interesting debate, in which Drs. Brushfield, Hayes, Newington, S. R. Philipps, Fox, Moody, and Hack Tuke took part. The proceedings concluded with a paper by Dr. Percy Smith, on the "Results of an Epidemic of Typhoid Fever in the Insane."

RABIES.—By an Order in Council, which came into operation on the 1st inst., and is to extend throughout England, Wales, and Scotland, the Privy Council have given special and enlarged powers to local authorities to make regulations for the muzzling of dogs; for the keeping of dogs under control; for the seizure and detention of stray dogs; and for the slaughter of dogs being at large and affected with or suspected of rabies, or having been exposed to the infection thereof. The new order extends not only to dogs, but also to cattle, sheep, and goats, and all other ruminating animals and swine, as well as to horses, asses, and mules.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN.—The annual general court of governors of this institution was held in the hospital, Waterloo-bridge-road, on the 28th ult., the Lord Mayor presiding. The number of in-patients treated during last year was 483, against 479 in 1885; out-patients 7195, against 6015; and suffering children visited at their homes, 417. The annual subscriptions were fully maintained, and the donations showed a slight increase. Still, the total income of the year fell short of that of the previous year by nearly £400, and the total deficit amounted to nearly £800. It was resolved to endeavour to raise a Jubilee fund of £1000 to free the hospital from debt.

Births, Marriages, and Deaths.

BIRTHS.

BOURKE.—On the 23rd ult., at York-crescent, Woolwich, the wife of Surgeon Ulick J. Bourke, Army Medical Staff, of a son.

BURN.—On the 23rd ult., at Richmond, Surrey, the wife of Stacey S. Burn, M.A., M.B.Oxon., of a son.

CLARKE.—On the 22nd ult., at Twickenham House, Middlesex, the wife of Richard Ashmore Clarke, L.R.C.S.I., of a daughter (still-born).

GODSON.—On the 24th ult., the wife of Clement Godson, M.D., of a daughter.

HASLAM.—On the 24th ult., at Mecklenburgh-square, the wife of W. D. Haslam, M.D., M.R.C.S., of a daughter.

HOPE.—On the 28th ult., at Curzon-street, Mayfair, the wife of William Hope, M.D., of a son.

SIMMONS.—On the 20th ult., at Bertram Lodge, Sandown, Isle of Wight, the wife of B. Walpole Simmons, M.B., M.R.C.S., of a daughter.

WHITCOMBE.—On the 26th ult., at Westerham, Kent, the wife of C. H. Whitcombe, L.F.P.S. Glas., L.S.A. (prematurely), of a daughter.

MARRIAGES.

BATTERSBY—BYRNE.—On the 22nd ult., at St. Peter's Church, Dublin, J. Carter Battersby, M.B., Surgeon, Army Medical Staff, to Frances Eliza, eldest daughter of John Alexander Byrne, Esq., Q.C., of Lower Leeson-street, Dublin.

GEORGE—DOWARD.—On the 17th inst., at the Parish Church, Tidenham, Gloucestershire, Hugh George, M.D., to Ellen Maud, third daughter of the late Alfred Doward, of Day House.

LUMPKIN—LEWIS.—On the 26th ult., at St. George's Cathedral, Freetown, Sierra Leone, West Africa, C. Jenkins Lumpkin, M.D., youngest son of the Hon. H. Lumpkin, deceased, to Carrie, only daughter of Wm. Lewis, Esq., sen., and sister of the Hon. Samuel Lewis, of the Middle Temple, Barrister-at-Law.

MOORE—BAKER.—On the 21st ult., at St. James' Church, Hereford, Henry Cecil Moore, M.R.C.S., L.S.A., to Henrietta Elizabeth, widow of Thomas Baker, of St. Albans.

SHADWELL—BOURNE.—On the 26th ult., at St. Stephen's Church, Shepherd's Bush, by the Rev. G. Collett, M.A., assisted by the Rev. A. Matthey, D.D., Harry Winstanley Shadwell, M.R.C.S., L.R.C.P.Lond., of Acton, to Mabel Constance Harriette, youngest daughter of the late Captain G. Lealy Bourne, R.N.

DEATHS.

DRUMMOND.—On the 28th ult., at his residence, Great Cumberland-place, very suddenly, James Drummond, M.D., late of Nice, aged 68.

PRICHARD.—On the 26th ult., at Norton Court, Gloucestershire, William G. Prichard, late Inspector-General of Hospitals, Madras, aged 73.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BARRY, EDWARD JOSEPH, M.D.Ed., M.R.C.S., has been appointed Honorary Medical Officer to the London Skin Hospital, Cranbourne-street, Leicester-square.

BRANSON, JOHN, L.R.C.S., M.R.C.P. Ed., has been appointed Medical Officer for the Rotherham District of the Rotherham Union.

CLARK, DONCAN MCCALLUM, L.F.P.S. Glas., L.R.C.P. Ed., has been appointed Medical Officer for the Auston District of the Worksop Union.

COLE, WILLIAM R. N., M.D., M.Ch. Queen's Univ. Irel., has been appointed Medical Officer for the Seventh District of the Bodmin Union.

COOKE, R. T. R. B., F.R.C.S.Ed., L.R.C.P.Ed., has been re-elected Honorary Medical Officer to the Scarborough Sea-Bathing Infirmary.

GRIFFIN, ALBERT WATSON, M.R.C.S., L.R.C.P.Ed., has been appointed Parochial Medical Officer for the Rotherfield District of the Uckfield Union, vice Matthew Mackintosh, M.R.C.S., L.S.A., deceased.

HACKETT, H. EUGENE, M.R.C.S., L.R.C.P.Lond., has been appointed Medical Officer for the Sixth District of the Choriton Union.

JONES, JOHN T., M.R.C.S., L.S.A., has been appointed Medical Officer for the Laughton District of the Rotherham Union.

KING, C. GILROY, M.B., C.M.Glas., has been appointed Sanitary Medical Officer for the Parish of Eastwood, Glasgow, vice Walker, resigned.

LLEWELLYN, ERNEST G. T., L.F.P.S. Glas., M.R.C.S., has been appointed Medical Officer for the Sixth District of the South Molton Union.

LYTH, J. B., M.R.C.S., L.R.C.P. Ed., has been elected Honorary Surgeon to the Rotherham Hospital and Dispensary, vice Foote, deceased.

PENNY, FRANCIS, M.R.C.S., L.S.A., has been appointed House-Surgeon to the Doncaster Infirmary, vice Geiston, resigned.

POCOCK, WALTER, M.R.C.S., L.S.A., has been appointed Honorary Medical Officer to the London Skin Hospital, Cranbourne-street, Leicester-square.

POTTER, E. FURNISS, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer to the Victoria Hospital for Sick Children, Hull, vice J. Souttber, L.R.C.P.Lond., M.R.C.S., resigned.

SMITH, J. ANDERSON, M.B. Lond., M.R.C.S., has been appointed Resident Clinical Assistant at the Brompton Hospital for Consumption and Diseases of the Chest.

STARTIN, JAMES, M.R.C.S., has been elected Honorary Medical Officer to, and Lecturer at, the London Skin Hospital, Cranbourne-street, Leicester-square.

TAYLOR, JOHN W., M.D., M.R.C.S., has been re-elected Honorary Medical Officer to the Scarborough Sea-Bathing Infirmary.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

ASHTON UNDER-LYNE DISTRICT INFIRMARY.—House-Surgeon. Salary £80, with board and residence.

BOSCOMBE PROVIDENT INFIRMARY, Bournemouth.—Resident Medical Officer. Salary £60 per annum, with board, lodging, &c.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria-park, E.—Pathologist.

DERBYSHIRE GENERAL INFIRMARY, Derby.—House-Surgeon. Salary £100 for the first year, increasing £10 a year up to £150, with apartments, board, and washing.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Resident Clinical Assistant. Board and lodging, but no salary.

GLAMORGANSHIRE AND MONMOUTH INFIRMARY AND DISPENSARY, Cardiff.—Ophthalmic Surgeon.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—House-Surgeon. Salary £70 per annum, with board, lodging, and laundry expenses.

INFIRMARY FOR CONSUMPTION, Margaret-street, Cavendish-square, W.—A Physician-in-Ordinary; three Visiting Physicians; and a Surgeon.

MALE LOCK HOSPITAL, Dean-street, Soho.—House-Surgeon. Salary £50 per annum, with board and lodging.

MITCHAM WORKHOUSE, Holborn Union.—Medical Officer. Salary £100 per annum.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen-square, Bloomsbury.—Laryngologist.

NORTH-WEST LONDON HOSPITAL, Kentish-town-road.—Assistant Physician.

NOTTINGHAM GENERAL HOSPITAL.—One Resident Surgical, and one Resident Medical, Assistant. Board, lodging, and washing, but no salary.

PARISH OF PUTNEY.—Medical Officer of Health. Salary £75 per annum, rising (subject to the order of the Board of Works for the Wandsworth District) by annual increments of £5 each to a maximum of £110 per annum.

UNIVERSITY OF GLASGOW.—Examiners in Medicine.

WESTERN DISPENSARY, Rochester-row, Westminster.—Resident Medical Officer. Salary 100 guineas per annum, with furnished rooms, coals, gas, and attendance.

Medical Diary for the ensuing Week.

Monday, March 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Casual communications by Messrs. A. Winterbottom, F. Henri Weiss, T. Ackery, A. S. Underwood, C. Vincent Cotterell, and W. Harrison (Brighton). Dr. Dudley Buxton: Physiological Action of Nitrous Oxide Gas.

SOCIETY OF ARTS.—8 P.M. Mr. W. Y. Dent: Building Materials (Cantor Lecture).

MEDICAL SOCIETY OF LONDON.—8.30 P.M. General Meeting for Election of Officers and Council.—Mr. Marmaduke Sheild: On a case of Perforation of Femoral Artery and Vein by Ulceration; Ligature of both Vessels.

Tuesday, March 8.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 1.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

ROYAL INSTITUTION.—3 P.M. Prof. Gamgee: Function of Respiration.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Mac Alister: The Nature of Fever (Guistonian Lecture).

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. Debout d'Estrées: On Gouty Parotitis and Gouty Orchitis (communicated by Dr. Garrod).—Dr. W. Ewart and Mr. R. F. Benham: Case of Empyema with Pulmonary Gangrene following Enteric Fever, treated by Perflation.

Wednesday, March 9.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9 A.M.; Saturday, same hour.

SOCIETY OF ARTS.—8 P.M. Mr. William P. Marshall: Railway Brakes.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. S. Mackenzie (for Dr. W. Myers): Filaria Sanguinis Hominis in South Formosa.

HUNTERIAN SOCIETY.—8 P.M. Dr. Horrocks: Cases of Uterine Tumour accompanied by Pyrexia.—Dr. Turner: Actinomycosis.

ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. G. Massee: On the Differentiation of Tissues in Fungi.—Dr. H. J. Johnston-Lavis and Dr. G. C. J. Vosmaer: On Section-cutting of Sponges, &c.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Exhibition of Specimens. Dr. Purcell: On Three cases of Vaginal Hysterectomy.

Thursday, March 10.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION.—3 P.M. Mr. Edmund Gosse: The Critics of the Age of Anne.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Mac Alister: The Nature of Fever (Guistonian Lecture).

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Living and Card Specimens at 8 P.M.:—Dr. C. E. Beevor: Ophthalmoplegia Externa without any other symptoms.—Dr. Sidney Phillips (introduced): Case of Peculiar Associated Movement of Upper Lid.—Mr. Brudenell Carter: (1) Case of Large Spontaneous Hæmorrhage into the Vitreous in a young man; (2) Painting executed by an artist after Cataract Extraction.—Mr. J. G. Mackinlay: Paralysis of both External Recti.—Mr. Karop (introduced): Fibroid Degeneration of Ciliary Muscle.—Mr. Marcus Gunn: Pupillary Movement in Association with Lateral Deviation of Eyeballs. Papers:—Dr. Brailey and Mr. Hartley: Tubercular Disease of Choroid.—Mr. Simeon Snell: Treatment in Sclerotic Wounds.—Dr. Gowers: On Conjugate Ocular Palsy with Nystagmus.—Mr. Jessop: Sudden and Lasting Lateral Nystagmus.—Mr. Nettleship: Night-blindness with Peculiar Retinal Changes.

Friday, March 11.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Dr. de Havilland Hall: On Pneumothorax occurring in Persons apparently Healthy.—Mr. Eve: On a case of Intra-peritoneal Excision of the Rectum, with recovery.—Mr. Keetley: A case of Scoliosis.—Mr. Davies-Colley: A case of Contraction of the Metatarso-phalangeal Joint of the Great Toe.

ROYAL INSTITUTION.—9 P.M. Archdeacon Farrar: Society in the 4th Century A.D.

Saturday, March 12.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. The Rt. Hon. Lord Rayleigh: On Sound.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, March 3rd, 1887.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Feb. 25	30·06	W.	49	47	...	53	47	...	Fine
,, 26	30·52	S.E.	38	36	...	53	34	...	Foggy
,, 27	30·59	S.E.	44	40	...	50	35	...	Hazy
,, 28	30·58	S.E.	35	34	...	53	31	...	Foggy
Mar. 1	30·57	W.	36	36	...	39	34	...	Foggy
,, 2	30·65	W.	32	32	...	46	30	...	Foggy
,, 3	30·60	W.	37	35	...	43	31	...	Foggy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

THE SCHOOL OF SALERNO.

E. C. (Glasgow).—The important place held by this seat of learning in the annals of the healing art could not be better stated than in the words of Dr. Salvatore De Renzi, the distinguished physician and scholar of Naples, whose "Collectio Salernitana" (Naples, five vols. 8vo, 1852–59) is a monument of industry and judgment. "The School of Salerno," he says in his introduction, "has laid the whole world of medicine under heavy obligations. First and greatest among its services, it has preserved the tradition of the Græco-Latin medicine in disorganised and calamitous times, during which the antique civilisation had fallen under the brutal sway of nomadic invaders, and science and literature had sunk into oblivion. Secondly, it reared the first Christian institution in the West when the sciences, having become Mahometan, were constrained to seek shelter under the ægis of the enemies most fatal to them. Thirdly, it laid deep the foundations of modern universities, reconstituting medicine as a part of the whole civil order, and establishing public hygiene on new and solid bases. Fourthly, it enriched by special contributions the scientific heritage bequeathed by our forefathers. Fifthly, it was the source and centre whence instruction in the healing art was diffused over all Europe, so contributing to evoke the scientific renaissance. Sixthly and finally, it fulfilled a noble mission of the Italian people—that of making themselves the custodians of the intellectual palladium, and preserving for them the glory of endowing the world a second time with civilisation." Dr. De Renzi's argument, it will be seen, is pitched high; but we have only to peruse faithfully the documents he has put together, with the aid of the German Henschel and the French Daremberg, to justify, and even to share, his enthusiasm.

Country Assistant asks if someone will suggest the microscopical specimens necessary for the Triple Edinburgh, also where they can be procured.

RAYNAUD'S DISEASE IN ADULT LIFE.

To the Editors of THE LANCET.

SIRS,—In your issue of Jan. 29th Dr. Seymour Taylor describes a case of Raynaud's disease in an adult female, which he states is exceptional. Last year I had a case in a woman aged fifty-six. She is still under my observation. Should Dr. Seymour Taylor wish for any particulars of the case, I shall be very pleased to give them if he will communicate with me.

I am, Sirs, yours faithfully,

Haverhill, Essex, Feb. 26th, 1887. B. L. TANDY.

CREMATION.

THIS method of disposing of the dead finds no favour from the Roman Catholic Church, which has recently denounced it in prose and verse. Monsignor Giovannini, theological canon of the arch-diocese of Bologna, has published a special treatise against it, and the treatise, in turn, forms the subject of the following epigram from the pen of Prof. D. Vincenzo Tavozzi:—

"Quam scite ustrinum damnas, et sacra sepulcri,
Digna vel humano pectore, jura tenes.
Ut tua scripta amet indoctus doctusque, Leonis
Jussaque Pontificis firmius usque probet."

("So wisely 'gainst cremation you defend
Man's sacred right to sepulture, that all—
Learn'd and unlearn'd alike—your work extol,
And keep Pope Leo's mandates to the end.")

Professor Tavozzi has more than metrical reasons for using the word *ustrinum*, instead of the modern and needless coinage *crematorium*. On the other hand, his *tud scripta* (the short vowel before *sc*) is a collocation which "ought never to be introduced into modern Latin poetry" (Ramsay's Latin Prosody, p. 280).

Mr. Reginald Pollard.—The announcement appeared in our issue of the 12th ult.

THE VOLUNTEER MEDICAL SERVICE IN PEACE AND WAR.

To the Editors of THE LANCET.

SIRS,—I quite agree with the substance of the remarks in your issue of February 19th by Dr. W. P. Mears on this subject. I must state, however, that in connexion with the 1st Volunteer Battalion Royal Warwickshire Regiment the physical fitness of recruits is insisted upon before enrolment, the medical officers attending every week, when recruits present themselves, who are subjected to a rigid medical examination on army lines, to the number of about 300 each year. This system has now been in vogue about three years, and has resulted in a marked improvement in the physique of the men. I may also mention that we are invariably consulted on sanitary and other medico-military matters, although, as Dr. Mears states, these matters are not insisted on by the War Office authorities, and are simply the result of good feeling between the combatant and medical officers. We have also a well-drilled department of regimental bearers (two per company), and our own ambulance-waggon (Mark 3), and stores—as stretchers, water-bottles, haversacks, &c. This work is, I am glad to say, being taken up by many other battalions in the Midlands, mainly owing to the Midland Volunteer Medical Association, which has been formed for that purpose, and in connexion with which an annual field-day is held at one of the regimental camps. I think that such an association in other centres would have a very good effect in developing an interest in ambulance work. In conclusion, I quite endorse the opinion of Dr. Mears that many of us are deterred from attending schools of instruction, and passing the necessary examinations, by the fact that we do not receive pay. The expenses, which are already much heavier than those of combatant officers attending schools, are rendered deterrent in consequence of the additional strain involved.

I remain, Sirs, your obedient servant,

EDWARD L. FREER,
Acting Surgeon, 1st Vol. Batt. Royal Warwickshire Regt.,
Hon. Sec., Midland Vol. Medical Association.

Birmingham, Feb. 21st, 1887.

SPONTANEOUS DISAPPEARANCE OF A TUMOUR IN THE PAROTID REGION.

To the Editors of THE LANCET.

SIRS,—In an article on "Surgical Mishaps" by Mr. T. Pridgin Teale, in your issue of January 1st, mention is made of the disappearance of a tumour in the parotid region after ineffectual attempts to remove it. In November, 1885, I operated with the intention of removing a tumour the size of a walnut from the parotid region, on a child three years of age. It had been growing a year, and latterly very fast, was elastic and quite movable. On cutting down I found it had no capsule, and was very adherent to the muscles and fascia. I made a second incision backward towards the mastoid, and attempted to enucleate it, but the deep attachments were so firm and the bleeding so free, that I was forced to desist, after ligating a number of vessels on both posterior and anterior sides of tumour. The wound healed promptly, and I saw no more of the case until October, 1886, when I was called to see another member of the family. On asking for the child, the mother informed me that about two months after the operation she noticed that the lump was smaller, that it continued to decrease, until at that date no trace of it remained except the operation scars. I attributed its disappearance to the cutting off of the blood-supply.—I am, Sirs, your faithfully,

Fredericton, N.B., Canada. G. H. COBURN, M.D.

PARALDEHYDE.

To the Editors of THE LANCET.

SIRS,—Will any of your many readers who may have prescribed paraldehyde kindly give their experiences of its effects?

I am, Sirs, yours truly,

March 2nd, 1887. SUBSCRIBER.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

DR. THURSFIELD presents his compliments to the Editors of THE LANCET, and asks for the insertion in that journal of the enclosed circular and the correspondence in connexion therewith, as it is of importance to life assurance offices as well as to the profession.

"National Life Assurance Society,
"2, King William-st., E.C., Feb. 14th, 1887.

"Dear Sir,—My directors have found it necessary to reconsider the scale of fees for medical examination of lives proposed for insurance, as many cases, after examination, are not completed, and the fee of 21*s.* is a very heavy charge upon the small assurances, even when they are completed; and the following scale has been adopted:—For assurances under £500, a fee of 10*s.* 6*d.*; of £500 and upwards, 21*s.*; when the premiums are payable monthly, a fee of 10*s.* in each case, except when the monthly premium is under 10*s.*, when the fee will be 5*s.* My directors believe that these are the fees usually paid in such cases, and I shall be glad to hear whether you are willing to accept them.

"I am, dear Sir, yours faithfully,
"Dr. W. Thursfield." "H. J. PUCKLE, Manager and Secretary.

"39, High-street, Bridgnorth, Feb. 16th, 1887.

"Dear Sir,—Your directors may have good reasons for reconsidering the scale of fees for medical examinations; but when they ask the profession to adopt their scheme, I would ask, Are they prepared to reduce the number of questions at each examination in proportion to the reduction in fees; or do they expect us to answer for 5*s.* what formerly they were willing to pay a guinea for? And will they issue a sliding scale in the ascendant, and pay a guinea for each £1000 insured for? When they deal thus with the profession they may expect us to acquiesce in the arrangement; not otherwise. To my mind, the amount insured for has, and should have, nothing to do with the medical referee. He has simply to do his duty by examining the person to be insured, and it takes him as long, and gives as much trouble (and very often offence), to do it for £100 as for £5000. As this matter is of importance to the profession, I am sending your circular and my reply to THE LANCET for insertion. "I am, dear Sir, sincerely yours,
"H. J. Puckle, Esq." "W. THURSFIELD, M.D.

"National Life Assurance Society,
"2, King William-st., E.C., Feb. 17th, 1887.

"Dear Sir,—I have received your letter of the 16th inst., and have had an opportunity of submitting it to the President of this Society, who expresses his surprise that you should think of sending our circular and your reply to THE LANCET without consulting us. In answer to your inquiry, I beg leave to state that we do *not* expect you to answer for 5*s.* what formerly we were willing to pay a guinea for. My directors have recently decided to grant assurances at monthly premiums, with a view to making the payments easier for those to whom the payment of yearly premiums would be inconvenient. The average amount of these assurances will probably be considerably smaller than in the case of assurances at annual premiums, and for them a simplified form of medical examiner's report has been specially drawn up. Of this I enclose you a copy. I think it is obvious on very slight consideration that an office cannot possibly afford to pay guinea fees for business of that description. With regard to the further question as to a sliding scale, I do not think that there will be any objection to paying a guinea for each £1000 assured—that is to say, taking the large and small cases together, we should, I think, be prepared to pay at the rate of a guinea per £1000 at quarterly or half-yearly intervals, as may be arranged. If you have sent our circular and your reply to THE LANCET, you will probably see the propriety of sending this letter also for publication.

"I am, dear Sir, yours faithfully,
"H. J. PUCKLE, Manager and Secretary.

"W. Thursfield, Esq., M.D."

"39, High-street, Bridgnorth, Feb. 18th, 1887.

"Dear Sir,—Unsolicited you sent me on the 16th inst. a printed circular, which your directors had authorised you to do. It was, I suppose, sent to others as well as me. It was not marked "private and confidential"; and as it was important to the profession, I deemed it worthy of discussion in the medical press. Hence my action. I cannot see what cause of complaint you have against me for doing so. Publicity in such matters is good for all. It is a pity you did not enclose with your circular what you call the "simplified form of medical examiner's report" (*for 5s.*). Why when sending it yesterday did you omit to send the guinea report for comparison? The one you sent is pretty exhaustive for the money, including, as it does, urine testing and personal examination inside and out. I do not think you will find medical examiners enamoured with your plan of paying ascending fees in dribblets, quarterly or half-yearly. I contend for a guinea in all cases, the amount of assurance having nothing to do with the duties of the examiner. I will, as you wish, forward this correspondence to THE LANCET.

"I am, dear Sir, sincerely yours,
"H. J. Puckle, Esq." W. THURSFIELD, M.D.

"THE STABILITY OF THE EARTH."

THE recent frightful convulsion in the South of Europe renders an article with the above title, by Professor N. S. Shaler, published in *Scribner's Magazine* for March, peculiarly interesting and opportune. The writer describes the causes, distribution, and effects of earthquakes and cognate phenomena, and offers suggestions as to the best methods of preparing for them and avoiding the perils they occasion. The article is illustrated by several excellent engravings.

NIGHTMARE.

To the Editors of THE LANCET.

SIRS,—I would suggest to "M.D." that he have his heart and aorta carefully examined by some experienced friend; and, if he be a smoker I should advise him to give up tobacco altogether.

I am, Sirs, yours faithfully,
February, 1887. T. B.

VIVISECTION.

Physiologus.—Whether, or to what extent, vivisection is justifiable forms a theme of discussion as old as medical history. Celsus drew the line at the anatomy of the living (human) subject, and condemned as "crudele et supervacuum" the dissections performed by Herophilus and Erasistratus on live criminals who were handed over to them by reigning monarchs for the purposes of science. The wounds inflicted on gladiators in the arena, on soldiers in the field of battle, on travellers at the hands of highwaymen, sometimes exposed the internal parts, and the anatomist (he held) was quite warranted in making the most of such opportunities. On the other hand, the "Father of Inductive Research" says, in Book iv. of the "De Augmentis": "It is no less true (as was antiently noted) that many of the more subtle passages, pores, and pertusions appear not in anatomical dissections, because they are shut and latent in dead bodies, though they be open and manifest in live. Wherefore, that utility may be considered as well as humanity, the anatomy of the living subject is not to be relinquished altogether, nor referred (as it was by Celsus) to the casual practices of surgery; since it may be well discharged by the dissection of beasts alive, which, notwithstanding the dissimilitude of their parts to human, may, with the help of a little judgment, sufficiently satisfy this inquiry." Bacon's latest and best editor, Mr. Robert Leslie Ellis, in giving a guarded opinion on this passage, omits to notice that it was written before the discovery and application of anæsthetics.

Mr. W. K. Gould.—The specimen of the valuable powdered root might be submitted for experimentation, say, to Prof. Fraser, or Dr. Ringer, or Mr. Victor Horsley, if it is desired to have its efficacy tested in hydrophobia.

Mr. G. Steel Scott, M.B.—Our correspondent must be guided by the advice of his solicitor.

FRACTURE OF THE THIGH DURING PARTURITION.

To the Editors of THE LANCET.

SIRS,—Three weeks ago I attended J. C—— in her fifth confinement. It was a natural vertex labour in first position. After the birth of the head I had only just time to tell her to take it easy till another pain came, when the shoulders and body followed. As they were coming I heard a snap, which, had she been a primipara, I should have put down to rupture of the perineum. The true cause was at once evident in the fracture of the left thigh. I was naturally rather dismayed at the probable difficulties of treatment, fearing that I should soon have a broken skin in addition to the broken thigh, and not knowing at all how to set about keeping the latter quiet. However, after a little consideration, it struck me that the most natural position would be that which had been in utero—doubled up on the abdomen. I therefore put a turn of Gamgee tissue round the thigh, and two or three turns of soft bandage round that; then, after dressing the stump of the cord and confining that in a belly-band as usual, I procured another belly-band broad enough to reach from the lower part of the abdomen to the middle of the thorax, cut a hole in the centre of it large enough to slip the foot and lower leg through, and by this means bound the thigh pretty securely against the abdominal wall, the foot and leg below the knee hanging out of the middle of this second belly-band. Besides this, I further controlled the movement of the lower leg by telling the nurse always to confine it entirely inside the ordinary napkin. The dressing has been entirely changed every other day only, and there is now considerable firmness of the broken bone, with very good position, though, of course, a good deal of thickening. The skin has been kept sound, which I think would hardly have been the case had any stiff material been used as a splint.

I should be obliged if any of your readers would comment on the case as to the probable cause of the fracture. The only thing that struck me about the birth was the very marked and very quick rotation of the face to the mother's right thigh after the escape of the head. The child thrives, and seems quite healthy. I am, Sirs, yours faithfully,
Feb. 28th, 1887. Æ.

Mr. T. Laffan.—The correspondence is printed in the Minutes of the General Medical Council. We regret our inability to reproduce it in our columns.

M.D. (Erlangen) is referred to our advertising columns.

MR. ASH'S METHOD OF SEWER VENTILATION.

To the Editors of THE LANCET.

SIRS,—Accept my sincere thanks for the article in your valuable and highly esteemed journal on my invention for sewer ventilation. At the same time I beg to point out to your notice a slight mistake in the wording that may give to the general public a very wrong conception, as you will readily perceive. In my specification I claim (1) the method or system of ventilating by means of the ignition and explosion of gas or other suitable substance or compound producing an explosion at certain intervals and at determined points or situations in the structures to be ventilated, and (2) the construction of an apparatus where coal-gas can be applied to produce explosions. The man-holes are generally placed where it would be impossible to have explosions.

I am, Sirs, your obedient servant,
Monaco, Feb. 18th, 1887. ROBERT S. ASH.

THE ANCOATS HOSPITAL.

Mr. E. Stanmore Bishop, F.R.C.S., referring to a note in our last issue by our Manchester correspondent on the Ancoats Hospital, states that there has never been the slightest wish on the part of the governors of that institution to trespass upon the domain of the Children's Hospital, or interfere with the work so well done by it. What it is desired and intended to do is to develop its resources as a general hospital in a district which, perhaps more than any other, requires one; and this object will be effected by obtaining a women's ward for medical cases, so that they need no longer be treated with the surgical ones, and the constant demand for women's beds may be fairly met.

"OBSTINATE CONSTIPATION IN AN INFANT."

To the Editors of THE LANCET.

SIRS,—I can fully bear out the statements of Dr. Lucas as to the efficacy of massage in the treatment of constipation in infants. It is a most potent and reliable remedy. I have at present an infant under my care that has suffered from constipation since its birth, seven weeks ago. During that time there had not been a single natural motion, and enemata had to be resorted to, sometimes twice daily. The usual medicines were tried as well, but with very indifferent results. About a fortnight ago these remedies were altogether discarded, and massage resorted to. In less than a week the infant was quite cured of the constipation, and, in fact, erred in the opposite way. The motions also lost their very offensive character, and became quite natural. I lay particular stress on the mode in which the "rubbing" should be done, and am inclined to think that it may prove a source of danger in untrained hands. I am, Sirs, yours faithfully,

Ben Rhydding, March 1st, 1887. T. GERALD GARRY, M.D., M.Ch.

To the Editors of THE LANCET.

SIRS,—In reply to your correspondent, "O. P. Q.," in your issue of Jan. 29th, I would advise him to try simple wheat bran for the constipation. This is a very simple remedy, but in my hands it has done more than any drug or combination of drugs that I have ever tried. It is becoming quite a popular remedy for habitual constipation in the United States. I am afraid your readers may treat it as one of old treated the instructions to wash seven times in the river Jordan; but I can assure them that if they try it they will be well repaid in the results. For an adult I usually direct a tablespoonful to be taken in milk or water at bedtime. If necessary, it may be taken twice or three times during the day. I would recommend your correspondent to give a teaspoonful twice or three times a day, in any way possible to get the child to take it. I am, Sirs, yours faithfully,

Lincoln, Neb., U.S.A., Feb. 14th, 1887. G. H. SIMMONS, M.D.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Julius Pollock, London; Dr. W. C. Maclean, Southampton; Dr. Donald Mac Alister, Cambridge; Mr. J. Hutchinson, London; Mr. Lawson Tait, Birmingham; Dr. Churton, Leeds; Mr. Godlee, London; Dr. H. Blanc, Cannes; Dr. Mansell-Moullin, London; Mr. Clement Lucas, London; Mr. Wainwright, London; Dr. Jos. Rogers, London; Mr. D. Miller, London; Dr. Hambleton, London; Mr. G. S. Scott, Halifax; Mr. C. L. Peel, London; Dr. J. Murphy, Sunderland; Mr. Harrison Cripps, London; Dr. Childs-Macdonald, London; Messrs. Hertz and Collingwood, London; Mr. J. G. Brown, Sunderland; Dr. Higham Hill, London; Dr. G. H. Simmons, Lincoln, Neb.; Dr. Jos. Jones, New Orleans; Mr. Rideal, London; Mr. W. Weiss, London; Mr. Charles Gross, London; Mr. W. K. Gould, Manchester; Messrs. Burroughs and Wellcome, London; Mr. Braddon, Upton-on-Severn; Messrs. Oliver and Boyd, London; Dr. Cochrane, Skye; Mr. Cook; Messrs. Christy and Co., London; Mr. G. Geddes, Glasgow; Messrs. Bradshaw and Son, London; Dr. W. Squire, London; Mr. T. Laffan; Messrs. Ingram and Royle, London; Mrs. Spillman, Melbourne; Messrs. Street and Co., London; Mr. J. P. Maynard, Newcastle-on-Tyne; Dr. Woodman, Exeter; Mr. H. E. Armstrong, Newcastle-on-Tyne; Mr. Benthall, Southsea; Mr. Jessett, London; Mr. Hooper, London; Mr. Griffiths, Chester; Mr. Maguire, London; Dr. H. Barnes, Carlisle; Dr. Ralph, London; Dr. Rayner, Hanwell; Mr. Martin, Purton; Miss Chreiman, West Kensington; Mr. Hinde, Wolverhampton; Messrs. Cassell and Co., London; Mr. Furneaux, Forest Hill; Messrs. Wright and Co., Birmingham; Mr. Smith, Westgate-on-Sea; Messrs. Robertson and Scott, Edinburgh; Mr. Milne, Ladywell; Mrs. Belton, Hyde-park; Mr. Gibson, Bromley; Mr. Porter, Leven; Mr. Lace, Hemel Hempstead; Mrs. Maitland, London; Mr. Garner, London; Mr. Peet, London; Mr. Birchall, Liverpool; Dr. Fulton, Toronto; Mr. Belson, London; Mr. East, London; Mr. Wadham, Farnham; Mr. Bridgman Smith, Westgate; Mr. T. Birkett, Weston-super-Mare; Mr. Harley Gough, Wolverhampton; Dr. F. W. Bennett, Leicester; Dr. Henry Ashby, Manchester; Mr. E. S. Bishop, Manchester; Dr. Garry, Ben Rhydding; Mr. Fuge, Taunton; Mr. Clifford, London; Mr. Tandy, Haverhill; Mr. F. C. Turner, London; Dr. Rorie, Dundee; Surgeon-Major Alcock, Dublin; Mr. Nelson; Mr. Scrimshaw, Holt; Mr. Gant, Hastings; Mr. Lawrie, London; Mr. Davies, London; Messrs. Brown and Co., London; Mr. Arrowsmith, Bristol; Mr. Shaw, Willington-on-Tyne; Mr. Armstrong, Manchester; Mr. Kalkuhl, Bonn; Mr. S. Smith, London; Dr. Tetley, Keighley; Dr. Fitzgerald, Folkestone; Mr. Townsend, Exeter; Mr. Bond, Nottingham; Mr. James, Forest Gate; Mr. Thornton; Mr. B. B. Joll, Liverpool; M.D., Erlangen; M.D. (Newport, Mon.); F.R.C.S., Bushey; A. B. Brockley; Country Assistant; Theta; R. C., Bayswater; X. Y., Newcastle-on-Tyne; Lady Superintendent; Justitia; Medicus, Highbury; Subscriber.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Woakes, London; Mr. Monk, London; Mr. Myles, Forfar; Dr. Morgan, Ebbw Vale; Mr. Allden, Southampton; Mr. Porter; Messrs. Butterfield and Son, Northampton; Mr. Bloomfield, Manchester; Messrs. Hooper and Batty, London; Mr. Cornish, Manchester; Dr. Bramshaw, West Appledore; Mr. Wooler, Heanor; Dr. Lumpkin, Lagos; Messrs. Beale and Son, Brighton; Mr. Phillips, Stourbridge; Mr. James, Forest Gate; Mr. Mawson, Bradford; Mr. Moring, London; Messrs. Ford and Co., London; Mr. Wier, Manchester; Mr. Hughes, Birkenhead; Mr. Guest, Darlington; Mr. Nickel, Bromyard; Messrs. Wright and Co., Bristol; Dr. Stanley, Graham's Town; Mr. Haigh, Chipping Norton; Mr. Austin, Glasgow; Mr. Richards, London; Mr. Stock, Bristol; Mr. Williams, Truro; Mr. Affleck, Manchester; Mr. Marsh, Hindley; Mr. Whittaker, Derby; Mr. Blakeley, Preston; Mr. Jones, Hull; Mr. Davies, Manchester; Miss Ruffey, Kettering; Mr. Mason, Highbury; Mr. Loverock, Cavan; Dr. Purcell, London; Mr. Flower, Melksham; Mr. Davis, Bewdley; Dr. Eberle, Thirsk; Messrs. Blake and Co., Leeds; Dr. Roberts, London; Mr. Rhydial; Mr. Armstrong, Ryde; Mr. Jenkins, Newport; Mrs. Nelson, Bayswater; Mr. Dickson, Whitehaven; Dr. Days, Llandrindod; Mr. Sidebottom, Stockport; G.; Graduate, Ventnor; Surgeon X.; Matron, Windsor; Catholic Practice; Sigma; W. H. V.; H. B.; M.D., Bournemouth; Medicus, Street; A. B. C., St. John's; Epsilon; Yorkshire; Epsilon, Newcastle-on-Tyne; Sarsfield, Limerick; J. W., Blackburn; X. Y. Z.; Medicus, Chesterton; P. A. M., Grimsby; S. P.; Medicus, Belgravia; Alpha, Stamford; X., Preston; Aqua; Cymro; Medicus, Brighton; Box, Hythe; T. M. G., Birmingham; T. C.; Junius; Surgeon, Bootle.

Leeds Evening Express, Zoophilist, Doctor, Isle of Wight County Press, Essex Weekly News, Advocate of India, Scottish News, Hour Glass, Philanthropist, &c., have been received.

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